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ABSTRACT

This book, written by staff members of the National Center on Child Abuse and Neglect (NCCAN) and of NCCAN-funded projects, presents their reflections about their experiences in providing, supporting, and evaluating treatment to abused and neglected adolescents. It is intended to serve as a source book for those concerned with the problem of adolescent maltreatment. Section I, Issues in Adolescent Maltreatment, contains four chapters on: (1) the meaning of the major issues of adolescence in relation to maltreated adolescents, and treatment considerations; (2) effective intervention strategies to prevent maltreatment; (3) services for the maltreated adolescent; and (4) issues related to the definition of adolescent abuse and neglect. Section II, Service Models, presents four community projects designed to examine specified forms of child maltreatment and specialized treatment approaches. Section III, Past, Present and Future Perspectives, contains three chapters dealing with the federal role in child protection, results of a study examining the impact on the community of the four adolescent maltreatment projects described in section II, and an analysis of supplemental data focusing on client characteristics in the four projects. The appendices include addresses of the adolescent maltreatment projects and a list of contributing authors. (KGB)

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ADOLESCENT MALTREATMENT:
Issues and Program Models

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Preface and Acknowledgements

This publication, affectionately known as "THE BOOK" by all its contributors, grew out of the shared experience of a cluster of projects funded by the National Center on Child Abuse and Neglect (NCCAN) and their staff members working in the area of adolescent maltreatment. Four such projects were funded by NCCAN in 1978, for a period of three and a half years, as a part of a group of nineteen clinical treatment demonstration grants, designed to examine specified forms of child maltreatment and specialized treatment approaches. The projects met biannually as a cluster during that time to discuss problems and solutions to systems, advocacy and treatment issues encountered in the daily operation of the programs. This publication was written by project staff, NCCAN staff, and project evaluators to present their reflections about their experiences in providing, supporting, and evaluating treatment to abused and neglected adolescents. It is intended to provide additional information to the projects' evaluation conducted by Berkeley Planning Associates, and its subcontractor, Urban and Rural Systems Associates, and to serve as a source book for those concerned with the problem of adolescent maltreatment.

From the origin of the idea to its final production, "THE BOOK" has been the cooperative effort of many people, especially Patricia Anderson and Jane McCarty, Project Response, Waterville, Maine; Sharyl Byank and Edward Reistetter, Atlantic County Adolescent Maltreatment Project, Atlantic City, New Jersey; Sue Schneider, Linda Rich James and Jeanne DeWitt, Youth-In-Need, St. Charles, Missouri; Marie Marsh, John Capel, Penny Cummings and Lynette Towers, Diogenes Youth Services, Youth Advocacy, Sacramento, California; Leslie Medina, Bruce Fisher, Jane Berdie, Johannes Troost and Sandra Wexler, Urban and Rural Systems Associates, San Francisco, California; and Alice Low, NCCAN, Washington, D.C. Thanks go also to Steve Rorke, former Executive Director of the National Network of Runaway and Youth Services, Inc., Washington, D.C., and the Van Ameringen Foundation for support of this publication and assistance in editing. Special thanks must go to Dr. Ira Lourie, National Institute of Mental Health, a pioneer in addressing the problem of adolescent maltreatment for his interest in the development of this material. Typing services were voluntarily provided for work on the final draft by Youth Services for Oklahoma County, Oklahoma City, Oklahoma, and our thanks go to Sharon Wiggins, Administrator, and staff member Dana Reed, of that agency.

Former NCCAN staff Alice Low and Kee MacFarlane served as Project Officers for the adolescent maltreatment projects and with assistance from Joseph Wechsler, Chief of the NCCAN Clearinghouse Branch, contributed to the final publication of this manuscript.

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SECTION I: Issues in Adolescent Maltreatment

Chapter I
Issues of Adolescence

Patricia K. Anderson, M.A.

This chapter focuses upon the particular meaning of the major issues of adolescence in relation to maltreated adolescents, and suggests treatment considerations. Maltreatment produces chaos in the lives of children. For adolescents this maltreatment compounds the normal chaos of adolescence. Any appreciation of the special needs and circumstances of maltreated adolescents requires some familiarity with the normal course of adolescence and the complexity of problems for maltreated adolescents.

Adolescent maltreatment may be characterized by the types of the maltreatment as well as the patterns of the maltreatment in the families. The types of the maltreatment commonly include emotional maltreatment, neglect, physical abuse, and sexual abuse. (A more complete description of the types of maltreatment is presented in Chapter IV on the definitions of adolescent maltreatment.) Fisher et al[1] in a review of the literature have described the patterns of each type of adolescent maltreatment. The patterns of maltreatment are commonly characterized as, 1) maltreatment which has continued from childhood through adolescence, 2) maltreatment which began in childhood, ceases and begins again in adolescence, and 3) maltreatment which begins in adolescence. Regardless of the type of maltreatment or the pattern of the maltreatment in general, it is clear that the effects of adolescent development contribute to the maltreatment.

Adolescence is typically a stormy time, characterized by changes and insecurity. Parents of adolescents typically are themselves in their middle years and often are experiencing their own mid-life crisis. Lourie[2] has proposed a Developmental Phase Specific Model of adolescent abuse. He asserts that an understanding of the causation of adolescent abuse requires an understanding of the individual and personality characteristics of both the parent and the adolescent, an understanding of how both are reacting to their particular developmental stage, the utility that the abuse serves and the problems which emerge from reactions to these stages, as well as the situational and environmental forces that have a leading role in the maltreatment. As a result of the inherent conflicts between parents in the life stage of middlesence and children in adolescence, maltreatment may occur, change form, or escalate in severity. Lourie notes,

"Compounding any trouble the parent has in these mid-life tasks is the fact that characteristics of adolescence naturally conflict. Adolescents are planning their lives, not reassessing; they are denying mortality rather than facing death; they are perceived as having boundless energy, in comparison to decreasing energy; they are falling in love, not divorcing; and, their change of life is a positive one."[3]

The research of the National Center on Child Abuse and Neglect Adolescent Maltreatment Projects has required careful attention to the potentially provocative, causative issues of adolescence and their relationship to maltreatment. These issues of adolescence were fundamental to intervention strategies of the Adolescent Maltreatment Projects which have provided services to adolescents who were struggling both with the issues of adolescence and the effects of the maltreatment. A brief description of the issues of adolescence including the interrelated developmental tasks of separation, identification, peer relationships, emerging sexuality, and defiance of authority follows.

Separation

A major developmental task of adolescence is separating from one's family of origin and achieving independence. In the process, adolescents both reject their parents and families while they acknowledge their dependence upon them. As adolescents' desires and expectations vacillate, often their parents' desires and expectations of their children also fluctuate. Parents want their adolescents to be more independent as well as to have greater control over their behavior than may actually be possible. At other times, parents have difficulties with their children "leaving the nest" since this proclaims the parents' increasing age, and transfers the influence on their adolescent from the family to others.

Jewett defines adolescence as the stage of "knowing not who I am, but knowing who I am not."[4] Separation is easiest when youth are separating from a stable, functional family.[5] Parents who are consistent, predictable and organized raise youth who have a much easier time defining the "who I am not" part, and subsequently "who I am."

Most maltreating parents are inconsistent, unpredictable and disorganized. In these situations, a confused and helpless youth is far more likely to result than an autonomous young adult.

The processes of separation are linked to the processes of achieving independence: learning how to make decisions, seeing alternatives, and knowing the consequences of different choices. Clinical work with adolescents on separation issues tends to focus on the feelings of separation, and assisting the adolescent in acquiring skills and competencies necessary for independence. Learning to make decisions requires experiencing mistakes as well as successes, for the mistakes are often the most valuable learning experiences. Clinicians involved with youth must be aware of areas in which youth may be permitted to fail. This process is complex in that the clinicians who permit youth the freedom to fail may encounter accusations of insufficient guidance and control from youth when youth experience failure. On the other hand, clinicians may be charged with infantalizing when they attempt to forewarn or mitigate emotionally and physically dangerous circumstances for young people.

For maltreated adolescents, separation may be easier or more difficult, depending upon how the adolescents define themselves in relation to their families. Some maltreated youth gravitate to a peer group or to adults at an early age, and emotionally withdraw or distance themselves from their families. In essence, they begin the distancing process and separation at a much earlier age. For other maltreated youth, a component of the maltreatment is that each family member is inextricably bound to other family members, a phenomenon termed "enmeshment." These families appear to both require and value the enmeshment, in the guise of "sticking together, for it's us against the world." This family context often makes it most difficult for adolescents to achieve separation by simultaneously obtaining independence and "loving" their parents and families. The family rules are often clear, deserters are loathed and forgotten. These youth appear to have strong desires to please their parents, a task which is nearly impossible and which also makes separation extremely difficult.

Maltreated adolescents who attempt to test leaving home by assuming some adult responsibilities are sometimes undermined. For example, parents often "borrow" every cent their adolescents earn, so that the adolescents learn to quickly spend their earnings. Discussing savings accounts or future plans is futile unless intervention also occurs with the rest of the family. Youth who manage to leave home, even when this involves running away, are healthier. A family systems approach is desireable to focus upon parents' and adolescents' sense of family boundaries, the resolution of which are necessary for separation.

Identification

A process critical to adolescent development is defining one's self. This process usually begins with defining "who one is not" and from this investigation gradually a sense of self emerges. This process usually involves identifying with esteemed role models and "trying on" their traits and personalities. Adolescents commonly go through stages of portraying others' personalities.

A part of the identification process involves developing idealized standards and testing one's self against these standards. Quite often these attempts at testing one's self involve the courting of danger. It has frequently been noted that adolescents deny their mortality. Their testing often takes the form of risk taking through unregulated doses of dangerous chemicals, risks of daring in the physical sphere, high speed automobile driving or riding, tempting fate through illegal activities such as shoplifting and breaking and entering, and in sexual activities while ignoring contraception. Rather than admonishing youth for engaging in such activities, counseling can propose alternative opportunities for testing the self. Adolescents should be encouraged to test themselves, but reasonable goals should be set and their performance compared to appropriate standards.

Maltreated adolescents commonly have parents who are inappropriate role models. In such situations, adolescents are often faced with a double bind of maintaining a desired relationship with abusive parents or seeking alternative adult role models whom the parents will probably reject. The enmeshment frequently encountered in these families leads to diminished opportunities for adolescents to interact with more appropriate role models. Treatment plans can encourage or structure opportunities for maltreated youth to interact with appropriate role models. Treatment staff can often directly be these role models. Clinical efforts can also be directed to the development of self-confidence and competence, and to setting realistic expectations which foster the definition of one's self.

Peer Relationships

A developmental issue of adolescence is youth's acceptance into peer groups. Acceptance into a peer group is a requirement for achieving independence and separating from one's family. With adolescence comes greater independence in choosing peer relationships. Parents are less able to choose their adolescents' friends for them. Some parents may consciously or unconsciously attempt to direct their children into peer relationships that serve their own needs, in an attempt to validate the parent's own worth and maintain a dependent status of the adolescent. Often adolescents openly rebel against their parents' selections for their friends. Sometimes in fact, this results in adolescents selecting for friends "anyone their parents do not like".

Maltreated adolescents appear to be particularly prone to

choosing inappropriate peers. Maltreated adolescents frequently have poor self-esteem and feel that they are deserving of the maltreatment. Often, when these youth socialize, they tend to associate with others who also have poor self-concepts. The peers may be either youth who are acting out or who have withdrawn. Some maltreated adolescents appear to select as peers, those adolescents who are so openly rebellious and defiant that they present a picture of invulnerability and superiority to the maltreated adolescent. Alternatively, maltreated adolescents may select as peers, young people who have retreated from all competition and choice by the use of drugs or social withdrawal.

Peer approval, peer rejection, and peer pressure are central determinents of adolescent behavior. In counseling, adolescents can be aided in both selecting appropriate as well as in more objectively assessing the influence of peers on their behavior. Highly effective treatment strategies, such as peer counseling and group counseling for adolescents, incorporate into treatment the significance adolescents extend to each other. Treatment programs also constructively utilize this powerful influence by encouraging maltreated adolescents to participate in normal adolescent group activities.

Emerging Sexuality

Sexuality herein refers to adolescents establishing their sexual role definitions and developing their sexual practices. Adolescents today are faced with conflicting and paradoxical expectations generated by our culture. Hence, for example, the stereotypes of the machismo attitude in males and passivity in females are often barriers to the development of appropriate empathy in males and appropriate assertiveness in females. Equally confusing to the developing adolescent is the current trend to reduce or eliminate sexual role differences.

Despite the proliferation of sex education programs and a permissive, if not sometimes pornographic media, most adolescents are surprisingly deficient in their sexual knowledge. Youth cannot divulge their ignorance for to do so would be viewed as a definite sign of immaturity or social ineptness, and thus is to be avoided at all costs. Some female adolescents clearly intend to become pregnant, others hold myths regarding their special status which prevents them from becoming pregnant, and still others are uninformed. This also applies to male adolescents who have comparable desires or myths about their girlfriends becoming pregnant.

Chaotic home situations frequently lead to sexual acting out and premature parenthood as an "easy exit". Creating a new family is a way for an adolescent to "seize" adulthood by their sexuality as well as a way to have someone unconditionally love them. For all the wrong reasons, some maltreated adolescents become parents, perpetuating the cycle of maltreatment. Some maltreated youth who have been sexually exploited, may in the process have purposefully been told incorrect information by the abuser about the risks of becoming pregnant, and therefore are vulnerable to accidentally, or unintentionally, becoming pregnant.

Moreover, the sexual abuse of youth has profound and long-range effects upon adolescents' emerging sexuality. Sexual abuse may be devastating whether it involves either one incident or a long pattern of sexual relations. Sexually abused youth may be forbidden to associate with peers for reasons including the abuser's jealousy or desires to guard the secret, or the adolescents may choose to avoid peers because of their feelings of diminished self-worth. This seriously interferes with adolescents' developing healthy peer relationships. Other victims of sexual abuse may act out and become sexually promiscuous. Sexual abuse may also contribute to gender confusion in young adolescents. Some victims of sexual abuse thereafter avoid people of the same sex as the abusers, others "retaliate" by later becoming abusive themselves. The duration of the sexual abuse, the manner in which the sexual relations ends, the responses of family members to the disclosure of the sexual abuse, the treatment the family receives, and the nature of the involvement of law enforcement and the criminal justice system are among the factors which influence the long-term damage to the sexual identity of victims and the resulting effects on their families.

Defiance of Authority

As adolescents struggle with dependence-independence issues, they frequently go through a stage where everything their parents say is wrong and everything their parents do is embarrassing to them. From the perspective of the parent, something "awful" has happened to their "angel". The paradoxical demands of both independence and obedience make the situation ripe for family conflict with the onset of adolescence. In fact, certain patterns of adolescent maltreatment appear to be linked to the defiance of authority issues with parents.

The emergence of adolescence raises dilemmas for parents or parental figures. Parents' own unresolved issues of adolescence serve to cloud the transition from childhood to adolescence for their children. The increased mobility and freedom evidenced by adolescents in our culture is frequently met with a sense of wonder, envy, and fear by parental figures. Adolescents today may show less respect for their parents than was shown by parents of the last generation, which may anger their parents and challenge their sense of how things ought to be.

The defiance of authority is also related to issues of autonomy and power. Even benevolent authority must be challenged from time to time by adolescents if they are to develop a sense of autonomy. An overly permissive environment can lead adolescents to act out in search of limits,

whereas a more authoritarian approach leads to defiance in search for independence. Clinicians must be aware of the context in which the defiance of authority is exhibited, and question whether the defiance is not in fact a healthy response to excessive measures.

Normal adolescence inevitably involves situations where adolescents attempt to defy conventional authority, by trying to overpower or outmaneuver their parents or other authority figures. It is not the occurrence of these events which is significant, but the manner in which adolescents attempt to exercise power which is crucial. In the context of the maltreating family, the stakes become unwholesomely high and adolescents risk not just feelings of defeat attendant to loss in any power struggle, but wholesale removal of emotional support, and in many cases, the courting of physical danger at the hands of their parents. This leads to feelings of helplessness and powerlessness on the part of adolescents who are part of a maltreating family. It then becomes essential for treatment staff to evolve a context in which the healthy exercise of power can be undertaken by adolescents. Typical avenues such as team sports, academic competition, and extracurricular activities are often unavailable to maltreated adolescents. Treatment often involves designing specific real life situations to give adolescents the opportunity to exercise power and experience both "winning" and "losing" in a healthy manner.

Summary

This chapter has focused upon some of the crucial developmental tasks of adolescence. It should be emphasized that the experiences described are the common experiences and behaviors of adolescents. The stage of adolescent development is a precipitating or contributing factor in the maltreatment of youth, and therefore the issues of adolescence require special attention. Also, without an understanding of the normal issues of adolescence, many of the behaviors of maltreated adolescents and their families cannot be correctly understood. The effects of maltreatment interfere with the normal assumption of appropriate personal identification, appropriate peer relationships, the proper use of power in the interpersonal sphere, appropriate sexuality and the satisfactory resolution of adolescents' separation from their families of origin.

References

[1] Fisher, B., et. al., *Adolescent Abuse and Neglect: Intervention Strategies and Treatment Approaches*, San Francisco: Urban and Rural Systems Associates, 1979.

[2] Lourie, I.S., *"Family Dynamics and the Abuse of Adolescents: A Case for a Developmental Phase Specific Model of Child Abuse"*. Child Abuse and Neglect, 1979, Volume 3, pages 967 - 974.

[3] Lourie, I.S., *op. cit.*, p. 968.

[4] Jewett, C. *"Adopting the Older Adolescent"* unpublished workshop for Maine Department of Human Services Training; Augusta, Maine; April, 1981.

[5] Jewett, C. *op. cit.*

Chapter II
Treatment Issues

Marie Marsh

The success or failure of a community to respond to the intervention and treatment needs of abused and neglected adolescents is directly related to its attitudes and beliefs regarding troubled teens and their families. Many communities simply fail to understand or acknowledge that "troubling" young people may well be victims of substantial maltreatment.

All too often, maltreated adolescents receive inadequate or inappropriate assistance. Many are routinely referred to law and justice agencies. Several salient aspects related to the identification of the older child contributes to this situation, including: 1) negative stereotypic views of adolescence which tend to promote the perception that youth are often responsible for their maltreatment; and 2) adolescent behavioral responses to their maltreatment, such as running away, engaging in other status offenses, or committing delinquent acts, which often mitigates a substantiation of the maltreatment allegations and, therefore, precludes further investigation, provision of ancillary services, or treatment.

Generally, the nature and manifestations of adolescent abuse and neglect are not well understood by those who have a responsibility to provide intervention or treatment. Little clinical data has been gathered from which to derive a comprehensive knowledge base. This is due, in part, to many youths' reluctance to report and expose their families to public investigation and further family disruption, often believing that their running away, placement as "incorrigibles" in foster or group homes, or even incarceration, will alleviate their families' difficulties. Additionally, because claims by teens are often discounted or disbelieved, formal records are frequently not made. Perhaps the most distressing factor contributing to under-reporting is the somewhat justifiable belief held by many professionals that nothing will or can be done.

Nevertheless, it has become increasingly evident that the repercussions of failing to recognize and appropriately respond to the vulnerability of older children or the manifestations exhibited during adolescence of early childhood, continued, or situational maltreatment have posed considerable problems for communities. Traditional systems designed to handle status offender and delinquent youth or to provide protective custody primarily to infants and younger children have simply been inadequate and inappropriate models for the effective assessment and treatment of maltreated, though often troubling, adolescents and their families. Systems failure can only exacerbate the states of confusion, anger, and low self-esteem experienced by abused and neglected youth.

Effective intervention strategies to prevent further maltreatment, to reduce the likelihood of escalation into delinquency or emotional disturbance, and to ensure against generational abuse, requires the concomitant and coordinated response of mandated agencies, private and public treatment providers, and community-based youth serving agencies.

Early Identification

As previously indicated, most maltreated youth come to the attention of helping professionals, including those from social agencies and the juvenile justice system, for reasons unrelated to abuse or neglect. To address the presenting problems properly and to surface their underlying causes, a thorough understanding of the indicators of maltreatment and the requisite skills to elicit such information is required of those who have a responsibility to provide crisis intervention, investigative and treatment services.

Specific knowledge and skills include:[1]

- Familiarity with *adolescent* abuse and neglect dynamics, including *physical* indicators evidenced as bodily injury, physical trauma, or illness; *behavioral* indicators evidenced by the actions of either the adolescent or the parent; and *interactional* indicators evidenced in the manner by which adolescents and/or their parents communicate with each other.
- Knowledge of the indicators for each form of abuse or neglect—physical, sexual, or emotional abuse and the various permeations of neglect.
- Knowledge of adolescent and middlescent development and the potential conflict characterized by the convergence of these two stages.
- Ability to identify abuse or neglect through other problem presentations.
- Ability to provide supportive environment and establish rapport with adolescents, especially during the initial crisis and investigative stages of intervention.
- Ability to engage youth and their families in crisis and after-care services.

- Ability to refer to other public and private youth serving agencies and to demonstrate a working knowledge of the service philosophy, scope, and limitations of those agencies.

Typologies of Adolescent Maltreatment

One of the first comprehensive attempts to define and examine the extent, nature, causes and effects of adolescent abuse and neglect was conducted by Fisher, Berdie, Cook, and Day of Urban and Rural Systems Associates. The following excerpts from their work, published in 1979, provides a framework for viewing the dynamics of adolescent maltreatment and poses implications for the development of intervention strategies:[2]

Physical Abuse

Physical Abuse Beginning in Childhood and Continuing into Adolescence:

This is often the pattern characteristic of generational abuse, beginning sometimes in infancy and accompanied by inappropriate parental expectations of the child's behavior and/or ability to nurture the parents. Because of the child's inevitable "failure" to meet these expectations the child is abused and parents develop a rationalization system to justify the abuse.

The results for the child is often poor self-esteem which in turn causes problems in learning and developing relationships. These families are, often, socially isolated, viewing others as sources of pain and criticism. Parents, because of their own childhood experiences, fear failure. Abuse can arise out of a fear that their child will make them look bad as parents.

During latency age (about 7-11 years) the child learns to avoid or minimize the abuse. As the child begins to separate and again fails to meet the parents' needs or begins to challenge the rigid controls of the parent, the cycle of abuse begins to emerge once more. As youth develop intellectually and socially, they begin to see that it is the parents who are at fault rather than themselves. As the separation/identification process develops the youth may report the abuse to someone outside of the family or may even run away. Psychologically injured by criticism and chronic abuse and reinforced by failure in school and relationships, the adolescent may respond by acting out pain rather than talking about it. As a consequence of this acting out behavior, the youth is often involved in the Juvenile Justice System where the maltreatment may be undetected.

Physical Punishment in Childhood Changing Qualitatively to Physical Abuse in Adolescence:

In this pattern, as adolescent development begins, the quality of physical punishment changes and open-handed slaps or spankings become blows delivered with closed fists and greater force. These families accept corporal punishment according to community standards until the child reaches adolescence. The separation/individuation issues of the adolescent result in conflicts which increase the parental anger until discharged through physical punishment. Similarly, earlier emotional abuse may be replaced by physical punishment as the child reaches adolescence. The parents respond to the inability to control the youth's behavior and accept discipline by becoming increasingly rigid. Eventually a "last straw" threshold results in the parents becoming abusive.

Rigid, overcontrolling parents experience the normal adolescent testing of limits and attempting to cultivate experiences to master separation or internalization of controls as overwhelming. The parents perceive the youth as "beyond control" or "incorrigible" and frequently enlist the support of juvenile authorities to control the youth.

Recurring Physical Abuse:

This pattern involves incidents of physical abuse which occur at two or three years of age or earlier, and erupt again when the child reaches adolescence. Parents are unable to cope with the overwhelming demands of the infant's alternating dependency and separation process, but become more tolerant as the child becomes more independent and self-contained. Parents manage quite well during latency age until the child once again struggles with separation in adolescence. These parents are thought to exhibit long-standing dependency needs which their children will be expected to meet by providing the parent with caring and nurturance. These children, frequently assume a somewhat parental or peer role in the family during latency. When the child enters adolescence they reject that role and once the parental emotional needs are no longer being met, the abuse occurs in retaliation.

Abuse Emerging in Adolescence:

Commonly, three family patterns emerge in this category. The basic elements of these types of maltreatment are: abuse occuring in families which evidence no significant pre-adolescent dysfunction, and abuse which is rooted in difficulties of adolescent and/or middlescent development.

- Physical Abuse Connected to the Developmental Issue of Sexuality. This pattern involved both the adolescent's desire for acknowledgement of attractiveness from parents and the parent's potential mid-life preoccupation with their own sexuality. The adolescent's sexual development results in the parent feeling aroused and then guilty. The denial of the parent's incestuous feelings eventually results in an eruption of anger and the abuse or rejection of the adolescent. The maltreatment that occurs around issues of dating is often the result of the parent's projection of their repressed sexual

desire onto the adolescent's boyfriend or girlfriend.

- Physical Abuse Connected with the Developmental Issue of Separation. In this family pattern the youth is unable to master the stage of adolescent development. Attempts to manage this process are primarily provocative testing behavior and labile emotions. Abuse in this instance is sporadic and related to particularly troublesome incidents. Parents tend to be child oriented people who indulge their children. While the children are young, the parents are rewarded for their indulgences by good behavior from the child. This infantalizes the child, which is gratifying for both the child and parent. In adolescence, however, the youth's difficulty in moving ahead developmentally often results in violent and explosive behavior. In most cases the youth overcompensate in their break from the family, for example, running away instead of leaving slowly and in an orderly way. The family is not prepared for these changes and the youth must avoid returning to an overly dependent position. The resulting struggle between the parent and youth leads to the abuse.
- Physical Abuse Resulting from the Restimulation of Parent's Own Unresolved Adolescent Issues.
  In this pattern, the parents' mid-life crises and the concurrent emergence of adolescence in their children reactivates the parents' own unfinished adolescent issues. This frequently results in overt competition between parent and child, with concomitant jealousy and peer-like physical fights. This manifestation is often seen in connection with the sexual rivalry between divorced mothers and adolescent daughters. Frequently, the adolescent is set up to act out against authority in a manner in which the parent never dared. These adolescents are often first abused and then pushed out of the family.

Emotional Abuse

Emotional Abuse Beginning in Childhood and Continuing into Adolescence.

There appear to be two family patterns in this category of maltreatment:

- *Emotional Abuse Associated with Chronic Excessive and Generalized Criticism.*
  These families are characterized by: inappropriate parental expectations; predictable failure by the child in meeting these, followed by severe criticism that is generalized from the specific failure into pervasive denigration of the child's worth. Humiliating or frightening punishments, such as being locked in dark closets or cellars, are also characteristic of these families. The parents' behavior toward the child is a result of desperate attempts to force the child to act in such a way as to allow the parents to feel successful. With each failure, the parents bear down harder, seeing the child as a further threat to self-esteem. Usually these children try desperately to please the parents and see their problems as the result of their own shortcomings.
- *Emotional Abuse Associated with Chronic Double Binding.*
  The double bind is a situation, usually involving a parent and child, in which communication having the following characteristics takes place.
  —Two contradictory messages about the same topic are given by the parent to the child.
  —The two messages are given on different levels, for example, one may be verbal and the other nonverbal.
  —There are constraints placed upon the child which prohibit him or her from commenting on the contradiction; nor can he or she escape from either the situation or from the psychologically damaging consequences of it.

  In families in which the double bind dynamic has been used to maintain family equilibrium or as a defensive maneuver to camouflage parental pathology, the onset of adolescence can present an extreme threat. As the youth begins to show evidence of changing his or her role in the family, the double binding behavior by the parent may intensify in an attempt to again immobilize the youth in a no-win position. The increased internal pressure of adolescent developmental tasks combined with the binding behavior may result in either a psychotic break in the youth or desperate acting-out to call attention to the family's distress.

Dysfunctional Parental Rigidity in Childhood, Changing to Emotional Abuse in Adolescence.

The family dynamics of this pattern of emotional abuse are very similar to those in which physical punishment changes qualitatively into physical abuse with the onset of adolescence. The primary difference is that in these families the adolescent has conformed to the parents' expectations and controls, often at great expense to his or her own personality development, and has thus avoided both harsh criticism and physical punishment.

Emotional Abuse Emerging in Adolescence.

Emotional abuse which appears to be related primarily to developmental conflict often centers on the issue of control. The parents who experience feelings of decreased power and effectiveness as part of a mid-life crisis see the adolescent as much more powerful than he or she is in reality. The parent then reacts to the youth in an emotionally assaultive manner in order to "cut him or her down to size." This can be emotionally destructive to the youth whose apparent

strength and powerfulness are simply adolescent muscle-flexing. The parental over-reaction can compromise the youth's development by damaging self-esteem already made vulnerable by adolescence. Often the emotional abuse takes the form of rejection, assaults (sometimes public) on self-esteem, or unreasonable restrictions.

Neglect

Neglect Beginning in Childhood and Continuing into Adolescence.

Neglectful families' lives are chaotic and disordered; difficulty in coping is apt to be generalized rather than limited to child rearing and reflects the minimal psycho-social development of the parents. Personality disorders are common in such parents, and they appear to have underlying characterological depression.

Parents frequently play the role of older sibling rather than parent to their children, and compete with them over whose dependency needs will be met. Separation anxiety is pervasive, and parents frequently master it by abruptly detaching as the toddler individuates. Adolescent separation tasks bring about a repetition of this pattern. There is little ability to recognize reciprocity of rights or needs, or to conceive of resolving conflicts through negotiation and compromise.

Children's needs for nurturance are haphazardly met, so that they experience others as unreliable. During latency, children frequently take care of their parents because they recognize parental inability.

Neglect Emerging in Adolescence.

Family difficulties arising from conflicts of adolescent and middlescent development can result in emotional and/or physical neglect of the youth. The issues are similar to those causing abuse, but the family dynamics differ. Two fairly distinct dynamic patterns causing neglect have been suggested.

- Neglect Connected with the Developmental Issue of Internalization of Control.
  In this form of neglect, parents essentially "give up" their parental responsibilities toward the youth during adolescence. A common circumstance is that in which the parents have failed in and/or given up on attempts to discipline. Neglect frequently occurs after a series of episodes in which the youth acts out against authority in the community. The parents move gradually from supporting the youth and attempting to control them, to a self-protective stance of not wanting to deal with further feelings of disappointment, betrayal, and failure. The youth is abandoned. Parents simply withdraw from the relationship as well as parental supervisor/responsibilities, allowing the youth to survive as best they can.
  Although the youth is frightened by "out-of-control" feelings and by the emotional abandonment, this fear impels them to continue to test. The youth thus moves to the community arena and continues to challenge and test until the community authorities step in to set limits.
- Neglect Arising from Situational Factors.
  Parent reactive depression to situational factors may cause them to withdraw emotionally from or to physically neglect an adolescent. Parents are particularly vulnerable to those situations that compound their own developmental tasks. Dynamically this pattern is the same as that described under Situational Abuse Emerging in Adolescence,
- employment services
  —vocational counseling
  —job development and placement
  —training in work skills
- involvement with parent aides who have successfully raised adolescents

Other Treatment Considerations

A central issue in the treatment of abuse and neglect is the motivation that the youth and/or their family have for receiving treatment. Self-reporting has proven to be a successful model for uncovering a large percentage of maltreatment, but it has also been argued that without any controls for maintaining a person in the treatment program such as the courts provide, many will drop out and maltreatment will reoccur. The following discussion of voluntary versus court ordered treatment was developed by John R. Chapel, M.A., former Program Coordinator of Diogenes Youth Services' adolescent maltreatment demonstration project:

Voluntary Treatment.

There are considerable advantages to having motivated clients who are invested in changing the dynamics that resulted in the maltreatment. Often the cost as well as the length of time in treatment are sharply reduced. Various models exist which may or may not require the abusive parent to identify themselves as abusers. Trust is established quickly and resistances are minimized in the initial phases of treatment. A strongly supportive group can be developed which has proven to be highly effective in preventing further maltreatment from occurring.

The drawbacks are that not all of the family members may be motivated at the same time which may greatly inhibit the progress of treatment. Adolescents who have been victimized frequently elect to combine their developmental need for separation and individuation with their anger and resentment, acting out until juvenile authorities intervene. It is also characteristic of abusers and victims to flee from treatment at a time when deeply painful areas are uncovered. Additionally, the stigmas attached to sexual abusers are very

strong and present a greater tendency for resistances to result in flight or concealment.

Court Ordered Treatment.

There are a growing number of successful models which are using the authority of the courts as the motivation for treatment. While initial resistances run high, these models are successful in facilitating an internalization of motivation after several months of treatment. Consequently, the victim is provided with added assurance and support that further maltreatment will not occur. Firm but positive use of the controls and consequences of violations of the law are not considered separate from treatment, but, as an integral aspect of the treatment mileau.

An additional advantage is being able to clearly identify the client as abusive and start directly addressing the maltreatment. This is not to imply that a significant amount of denial occurs even after the abuser has admitted the offense to the court.

The primary disadvantage of court ordered treatment is that a great deal of anger may be experienced by family members at having had the power over their lives removed from them. This experience creates a formidable obstacle which must be dealt with in treatment. Avoiding imprisonment, the offender and the family often resign themselves to "going along for the ride," making yet another barrier to receiving help.

While some programs are able to accommodate both voluntary and court ordered treatment, there are considerable treatment planning issues which distinguish these two models of intervention. A further complication in designing treatment for adolescent victims is the reluctance of the court to prosecute all but sexual abuse cases. Adolescents who are acting out at home or school, have had prior juvenile justice involvement or who are runaways are viewed differently than younger children with identical injuries. Court ordered treatment for many cases of adolescent maltreatment, therefore, would be unlikely to occur. Adequate treatment designs for adolescent maltreatment, then, should be prepared to incorporate a significant number of cases that require motivational development and trust building.

References

[1]U.S. Department of Health and Human Services, The User Manual Series, *"Adolescent Abuse and Neglect: Intervention Strategies."* (Washington, D.C., 1980, Publication No. OHDS 80-30266), p. 11
[2]*Ibid.*, pp. 37-49
[3]*Ibid.*, pp. 50-52

Chapter III
Systems Issues and Interventions

Linda Rich James, MSW

"A system is a complex unity formed of many, often diverse parts, subject to a common plan or serving a common purpose."[1]

The service delivery system for maltreated youth is comprised of the following parts; 1) child protective services 2) juvenile court 3) police 4) youth-serving organizations 5) schools 6) hospitals, and 7) mental health agencies or institutions. Each one of these entities has a direct, significant role and responsibility to the maltreated adolescent. If any one of these organizations has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would reasonably result in abuse/neglect, they are mandated by state law to report to the designated authority. Therefore, all of these agencies can function as identifiers and reporters of adolescent abuse and neglect.

Designing effective services for the maltreated adolescent requires a concrete understanding of the service delivery system that has been created by state child abuse laws. These laws detail the agencies or institutions responsible for identifying, reporting and investigating suspicioned child abuse and neglect. The implementation of services to maltreated youth can be complicated since multiple agencies are simultaneously involved with the youth. An awareness of the distinctive functions of each agency as well as an understanding of how agency roles overlap or support the functions of each other, facilitates service delivery. A brief synopsis of the abuse/neglect service delivery system in Missouri is presented as an example, indicating each component's role and responsibilities.

Child Protective Services (CPS) is mandated by Missouri State law to investigate every report of suspicioned child abuse and neglect which involves youth up to the age of eighteen. Substantiation of reports can only be made by this State agency. Once a report is substantiated, CPS evaluates what social interventions would be in the best interest of the youth and family. CPS does not have the power to sanction the removal of the child from the home. However, if the CPS worker believes that the youth is in immediate danger a request can be made to a law enforcement official to initiate twenty-four hour protective custody. Retention of custody requires a juvenile court hearing. CPS can also provide direct services to a maltreated youth and the family.

The juvenile court is empowered to provide protection and services to children until they reach legal age. When CPS believes that a youth should be removed from the home, it is within the court's purview to be the "fact finder" and determine whether or not abuse or neglect has taken place. Only the juvenile court has the power to suspend parental rights and grant legal custody to CPS. Legal custody enables CPS to place a maltreated youth in an alternative setting.

Stationed in a highly visible public institution, police officers often receive reports from the community concerning the mistreatment of an adolescent; in turn, officers must file a report with the designated State authority. As stated, they are granted the power by most state laws to intervene on behalf of the youth, and take temporary custody if imminent danger to the health or life of said youth is present. Officers of the law may also be involved in investigative procedures.

Youth serving organizations such as runaway programs have increased contact with the general adolescent population due to the nature of their business. In addition to being identifiers and reporters of adolescent maltreatment, these agencies can be primary providers for this population. In many areas the runaway programs have been integrated into the community social service network, augmenting other private and public social services. In most cases runaway centers have now developed into family and community crisis centers, accepting referrals from police, protective services, schools, and hospitals.

Approximately one-third of abused/neglected children are of school age at the time they are mistreated.[2] School administrators, counselors and teachers are in a strategic position to detect signs of maltreatment due to their high level of contact with youth. Is is easy to understand their central role as identifiers and reporters of suspected abuse and neglect.

At times the injuries inflicted on an adolescent will require medical attention, and/or the medical needs of a youth will have been neglected for such a long period of time that they have escalated to a more serious nature. In these instances, parents may bring their youth to a hospital for care. Hospital staff trained to identify signs of possible abuse or

neglect are in a position to report these suspicions to the state agency. Many states' child abuse reporting laws give them the authority to take color photographs of physical trauma and perform radiologic examinations. Furthermore, physicians are able to take twenty-four hour protective custody if imminent danger to a youth is apparent.

As providers of direct client services, mental health agencies or institutions serve a broad range of individuals with varying degrees of problems. In the course of treatment, these entities may discover that a parent is abusing or neglecting their adolescent, or a youth may disclose that they are being mistreated. As a provider of mental health services, these agencies are responsible for filing reports to the designated authority. Their involvement in the abuse/neglect system ranges from identifying, and reporting to delivering clinical services to adolescents and families.

Through the financial support imparted by the Administration of Children, Youth and Families, and other federal departments, research initiatives and clinical demonstration programs have been implemented which target adolescents suffering from abuse and neglect. The federal government's involvement in addressing this social problem served to legitimize this phenomenon as grounds for national concern. Agencies that can act on behalf of the maltreated adolescent either through their roles in identification, reporting protecting or treating the youth and/or family, must recognize adolescent abuse and neglect as a prevalent issue. This recognition may encourage agencies and institutions that serve adolescents to detect and respond to the problem of adolescent abuse and neglect. Once this introductory milestone is reached, agencies can enact changes within their system that may increase their sensitivity to the needs of maltreated youth.

This chapter identifies five issues that impede optimum functioning of the agencies and institutions which have contact with abused/neglected youth. These issues became evident as the staff of the four federally funded adolescent maltreatment projects endeavored to provide services to abused/neglected youth and their families. In addition, interventions are suggested which may improve the operation of the service delivery system.

Issues

AGENCIES, INSTITUTIONS AND THE COMMUNITY-AT-LARGE ARE UNAWARE THAT ADOLESCENTS CAN BE POTENTIAL VICTIMS OF ABUSE AND NEGLECT.

Despite the growing recognition and statistical documentation of adolescent abuse/neglect, professionals and the general public are relatively unaware of the frequency of this problem. Adolescents are not perceived as particularly vulnerable to the abusive or neglectful acts of their parents. "Abuse is more readily acknowledged as harmful to life, limb and emotional development of pre-adolescents."[3] Whereas young children are viewed as helpless and in need of protection, adolescents are seen as having control over themselves and their environment. The illusory perception that adolescents are self-sufficient and capable of protecting themselves prevents the identification of adolescent abuse and neglect.

Community attitudes and ambivalence towards adolescence in general hinders the maltreated youth from being identified and reported. Youth are often depicted as rebellious, non-productive, selfish and destructive. Furthermore, as teenagers strive to cope with the developmental tasks of the adolescent life phase, they may engage in disruptive behaviors which are considered to be threatening to stability of the family and/or the community. Subsequently, this target group is not perceived as being victims of abuse/neglect like their younger counterparts. Adolescents are held responsible for their parents' unreasonable reactions as they try to master the tasks of this phase of development. Professionals and the general public seem to empathize more with parents raising adolescents than with the difficulties and conflicts of troubled youth.

FREQUENTLY, AGENCIES OR INSTITUTIONS ARE UNFAMILIAR WITH THEIR ROLES AND RESPONSIBILITIES SURROUNDING THE PROBLEM OF ABUSE AND NEGLECT. THIS ISSUE IS FURTHER COMPOUNDED BY THEIR LACK OF KNOWLEDGE OR MISCONCEPTION OF EACH OTHER'S PART IN THE PROCESS.

Most states have enacted child abuse and neglect laws which clarify the roles and responsibilities of each agency or institution that can act on behalf of a mistreated youth. However, when confronted with the problems of maltreated adolescents, the staff of these agencies often do not know how to proceed. This can be a result of their lack of familiarity with the state child abuse law. Other factors that contribute to their lack of understanding include: 1) agency staff are reluctant to become involved because they are unclear as to what constitutes adolescent abuse and neglect, 2) the agency or institution does not have written policies and procedures which explicate the handling of abuse/neglect cases within the agency's structure, and 3) agency staff do not understand how their responsibilities overlap or compliment other agencies involved in the abuse/neglect system.

This confusion can cause a breakdown in the functioning of the abuse/neglect system since the agencies are dependent on one another to fulfill their functions. For instance, if CPS investigates a report of adolescent maltreatment, and surmises that the youth should be removed from the home,

law enforcement personnel must be aware of their role and responsibility in taking protective custody. The law enforcement officer must possess a clear understanding of his/her part in the process. Usually CPS and the juvenile court are very clear on their roles and responsibilities in the abuse/neglect system. These agencies are regularly involved with abuse and neglect cases, and can be primary resources for the maltreated adolescent, once the problem of abuse/neglect is identified. However, it has been the experience of the Adolescent Maltreatment Projects that the staff from the other agencies do not have the same level of clarity regarding their function within the system.

TROUBLED YOUTH BECOME IDENTIFIED BY THE PROBLEMS PRESENTED BY THEIR BEHAVIOR. AGENCIES AND INSTITUTIONS HAVE PROBLEMS IN IDENTIFYING THE MALTREATED YOUTH FROM THE GENERAL TROUBLED ADOLESCENT POPULATION.

An adolescent's behavior is usually the catalyst that attracts the attention of professionals. The teenager may be disruptive in the classroom, and performing poorly in school, running away from home, or engaging in delinquent acts. The negative attitudes of professionals towards these behaviors leads to the adolescent being labelled as a "problem" youth. It is easier for professionals to identify and label the behavior, than seek reasons which may be motivating the conduct. For instance, an adolescent who is consistently truant or disruptive in the classroom may be suspended from school without regard or understanding of the nature of the problem. This act serves to punish the behavior but does not address the underlying problems experienced by the adolescent. The problems of maltreated youth are often masked by these disruptive behaviors, which makes it difficult to identify the subgroup of abused/neglected adolescents. Many times, it is only through careful inquiry into the family relationships that abuse/neglect becomes evident.

The type of behaviors the youth exhibits will dictate which agency or institution will initiate involvement with the youth. For example, a teenager who leaves home will come to the attention of the juvenile court, if his/her parent files a runaway report. The juvenile court will then intervene since the youth's behavior signals involvement with this system. The reason behind the act of running away is not the grounds for this institution's involvement. The youth is labelled as a status offender and becomes subject to the influence and decision making process of the juvenile court.

The label given to the adolescent's behavior will determine what services are available to the youth. If an adolescent is perceived as a status offender, services will be triggered by the juvenile court. On the other hand, the identification of abuse/neglect mandates involvement with CPS. Each of the agencies has resources that are available for alternative placements, psychological testing, counseling, and other needed services.

INTERAGENCY COORDINATION IS THWARTED BY CONFIDENTIALITY POLICIES, ABSENCE OF WORKING RELATIONSHIPS THAT ALLOW FOR THE EXCHANGE OF INFORMATION, AND PRIOR MISUNDERSTANDINGS BETWEEN AGENCIES.

The maltreated adolescent is commonly served by more than one agency. This phenomenon may be caused by the wide range of problems presented by these youth, and the subsequent need for services to address these problems. In addition, the maltreated youth is likely to surface in more than one part of the abuse/neglect system. The following case illustration depicts why inter-agency coordination is useful in dealing with maltreated adolescents and their families.

Sandra Morgan, a 15 year old white female, was brought to the Juvenile Office by her father. The father stated that he could no longer tolerate her behavior and wanted the Juvenile Office to take her off his hands. He stated that if she continued to live at home, he was afraid he might kill her. The Juvenile Office stated that they could offer no help in this situation, and referred him to the local youth service organization.

Sandra was placed at the youth shelter facility with the consent of her father for a two week period. During her stay in shelter care, both she and her father received counseling. When Sandra returned home, her father declined the recommended ongoing counseling services.

Three months later, Sandra contacted the youth shelter care facility, stating that she had just been badly beaten by her father. Sandra was frightened by her father's loss of control and wanted to come over and talk with staff. An abuse/neglect report was filed with the designated authority. CPS investigated the case and substantiated physical abuse. Since the father was uncooperative, refused to give consent for her stay in shelter and would not allow her to return home, CPS requested that a police officer go to the shelter facility and evaluate the situation. The police officer took protective custody and placed Sandra in the shelter care home. At the end of the twenty-four hours, Sandra's father agreed to cooperate with the Department of Family Services (DFS) and accept their referral for counseling services. Sandra returned home, against her will. The father never followed through with counseling services. The counseling center never told DFS that the Morgan family did not participate in treatment.

Within a short period of time, Sandra began leaving home, and staying away for two to three days. Each time

her father filed a runaway report. On the third report, Sandra was placed on informal supervision with the Juvenile Court. The Juvenile Court did not know that DFS had been involved with the family. Sandra and her father were referred to the youth service organization for family therapy. The youth service organization did not reveal to the Juvenile Office their prior involvement with the Morgan family.

None of the agencies shared information with one another about their involvement with the Morgan family, due to confidentiality policies regarding release of client information. Had the agencies exchanged information, Sandra's involvement with the Juvenile Office as a status offender might have been circumvented. Later, when information was shared, all the agencies involved felt frustrated by the circular nature of their contacts with the Morgan family.

A STATE'S CHILD ABUSE LAW CAN CONFLICT WITH IT'S JUVENILE CODE.

The Children's Bureau of the U.S. Department of Health, Education and Welfare, (now the Department of Health and Human Services), developed a model statute in 1963 which has served as a prototype for child abuse reporting legislation.[3] Some states fully adopted the federal statute without adjusting the aspects of the legislation that conflicted with other model laws. In the State of Missouri, the inconsistency between the Child Abuse and Neglect Law and the Juvenile Code greatly affects the seventeen year old youth. Missouri's child abuse law provides for protection of children until their eighteenth birthday. However, the juvenile court only has jurisdiction over youth until their seventeenth birthday. This discrepancy limits the ability of CPS to intervene on behalf of a 17 year old youth. CPS can provide protective services on an informal basis, but is not able to petition the court for custody. This can be a devastating problem for the youth who is in dire need of alternative living arrangements and care. Some of the problems created for the 17 year old adolescent are illustrated in the following case example:

Robert Miller, a seventeen year old white male, was kicked out of his home by his father. Robert was on the street with no place to live, no car, no job and very little money. Since he was not of legal age to sign a contract, (18 is the legal age in Missouri) he could not sign a lease for an apartment, secure a bank loan or rent an automobile. Robert was restricted to attending school in the district where his parents lived even though he did not reside there. In fact, should Robert have needed medical treatment, he could not have authorized medical services for himself.

When Robert called the Juvenile Office for help, he was told that the court did not have the authority to intervene. He was informed that CPS was able to investigate the situation, and discuss the problems with himself and his parents. However, CPS had no power to force the issue without the support of the Juvenile Court. Since Robert's parents refused to allow him to return home, he was left with few alternatives. CPS could not provide Robert with a place to live. Robert was in a state of limbo until he reached his eighteenth birthday.

INTERVENTIONS

Intervention strategies were developed by the Adolescent Maltreatment Projects to promote changes in their community's abuse/neglect service delivery system. The following interventions are suggested as methods for improving the functioning of the service system within any community. Of course, it is imperative to assess the current level of functioning of the system, and then evaluate what plan of action would address the needs for each specific community.

Community Coordination

The effectiveness of the abuse/neglect system is largely dependent on the functioning of each part within the system, and the ability of those parts to work together towards a common goal. Community coordination efforts are geared toward improving and enhancing the performance of the abuse/neglect system through:

- Encouraging agencies/institutions involved with maltreated youth to become acutely aware of their roles and responsibilities.
- Providing a format for the development of interagency relationships.
- Developing mechanisms for interagency communication and exchange of information.

The method used to inspire community coordination will vary depending on what avenues are available in the community that can be utilized for this purpose, or if there is a need to create a new channel.

The Adolescent Maltreatment Project in Sacramento, California encouraged the Community Services Planning Council and the Junior League to establish a *Child Abuse Services Council.* The formation of this council was independent from any program providing services to maltreated youth which allowed for a neutral atmosphere. The Council is comprised of representatives from the administrative and middle management levels of agencies concerned with the problem of abuse/neglect. The Council provides a neutral setting for different community programs to air concerns which obstruct interagency coordination. Interagency cooperation is developed or increased through task force or committee meetings, newsletters, conferences and joint training. Using an established planning group to spur community efforts which target the abuse/neglect system is one mode of increasing coordination among agencies.

Another means of facilitating community coordination

is by creating new channels for agency representatives to be drawn together. The Adolescent Maltreatment Project in St. Charles, Missouri, initiated the organization of community Forums. Representatives from all disciplines within the abuse/neglect service system were invited to discuss issues of adolescent maltreatment, problems in identification and reporting, gaps in services, and obstacles that interfere with mutual working relationships. The Forums permit agency staff to have contact with key individuals within the system that normally are not very accessible. The County Supervisor of Child Protective Services, the Juvenile Court Judge, the Chief Juvenile Officer, principals of the school districts, police chiefs, and hospital staff are rarely available at the same time for joint discussions. By bringing together a select group of people who are key practitioners within the abuse/neglect system, misunderstandings among these disciplines can be clarified. The Forums have proven to be a valuable channel for sharing grievances, exchanging information, and clarifying agency roles and responsibilities.

Formal and Informal Agreements

As agencies/institutions within the abuse/neglect system become familiar with each other's functions, agreements can be negotiated which establish the course of their working relationships. At times, these agreements are informal, transpiring between individual workers of each agency. These types of agreements are not written policies or procedures but nevertheless foster increased cooperation among the agencies. For example, a staff person from a mental health agency develops a good working relationship with a Juvenile Officer through their joint efforts on an abuse/neglect case. As a result of their successful relationship, the Juvenile Office increases their referrals to the mental health center. Despite the absence of a written referral agreement, the agencies begin to work cooperatively.

On the other hand, a formal agreement between agencies constitutes a written policy, procedure or contract. These written agreements can establish a concrete understanding of the agency's working relationships.[4] Written referral agreements, and contracts for reimbursement of services provided, are examples of formalized relationships. Written procedures which delineate the roles of two or more agencies in the handling of an abuse/neglect case is another illustration of formal agreements.

Training and Education

Training and education interventions are aimed at increasing the efficiency and functioning of the total abuse/neglect service system on behalf of maltreated adolescents. These interventions should target professionals as well as the community at large. The overall goal is to heighten awareness of the adolescent abuse/neglect problem and its effect on youth.

Training for professionals should provide information on the indicators of adolescent maltreatment, emphasize the need to identify and report suspected adolescent abuse/neglect, and clarify the role and responsibility of each discipline within the abuse/neglect system. It is important that professionals who have contact with the adolescent population acknowledge adolescent maltreatment as an extensive problem with grave consequences for youth and their families. One method of training professionals is to target each discipline separately, such as educators, medical personnel, and law enforcement officers, and to devise training specifically for each discipline. This format allows information to be presented which is relevant to their role in the abuse/neglect system in the context of their working environment.

The use of a multidisciplinary training team can facilitate understanding of the role of agencies or institutions which have differing responsibilities and perspectives. Furthermore, discussion among the various disciplines can aid interagency communication and the building of informal linkages. This approach has the dual benefit of bringing members of different agencies together, while focusing on the special concerns of the separate disciplines.

Community education can play a vital function in bringing the adolescent maltreatment problem to the forefront. The general public needs to be informed of the causes and indicators of adolescent maltreatment, the procedure to report suspected cases, and the services available in the community. The public media (ie, newspapers, radio, television) and speaking engagements with local churches, clubs and organizations are means to involve the public in the abuse/neglect identification process.

Legislative Activities

The goal of legislative advocacy is to encourage the enactment of new laws and/or revision of existing state and/or federal statutes with the aim of protecting the rights of youths.[5] An agency's involvement with state, regional, and national coalitions and associations which are in a position to support requests for new or revised legislation can be an effective means of achieving changes in state and federal laws. This approach broadens the base of support for the proposed change, and thus strengthens the plan of action.

Access to decision makers is an important part of the strategy to affect legislation. It is desirable to have supporters of the proposed legislation serving on committees and councils that can influence the viewpoints of the decision makers. If possible, a representative from the agency or coalition instigating action for legislative change should secure a seat on such a committee, or council. In addition, advocating for continued state and federal appropriations to support services for maltreated youth is an important aspect of legislative activities.

Chapter IV
Adolescent Maltreatment: Issues of Definition

Jane Berdie, M.S.W.
and
Leslie Medina, M.P.A.

Adolescent abuse and neglect is a rather new term, first appearing in the child abuse literature in the mid-1970's.[1] Since then, there has been a substantiated increase of the awareness of and programs for maltreated adolescents. Yet the definition of the term continues to be an issue. Is adolescent abuse and neglect the same thing as child abuse and neglect? Does the fact that the victim is older change the definition? Are adolescent victims more responsible for their own victimization? Are the dynamics of the maltreatment situation more similar to spouse abuse than to child abuse? Should adolescents who are both maltreated and acting-out go before the court under dependency (abuse/neglect) petitions or delinquency petitions? These questions are issues of definition. How they are answered greatly affects how these youths are viewed and helped. Definition is central to the provision of services to maltreated adolescents and their families.

Definitions are difficult to formulate. The impact of a definition can be far-reaching and may contribute not only to solutions but to unforeseen problems. This Chapter does not offer a definition of adolescent abuse and neglect. Instead, issues related to definition are explored and discussed in four sections: 1) problems of definition; 2) the impact of child abuse and neglect definition; 3) the perspective of developmental stage, and 4) purposes and arenas of definition.

Problems of Definition or "Defining Definition"

When any social phenomenon becomes the topic for study, discussion, planning or programming, the issue of definition is primary. Ideas and concepts must be made operational so that there is common ground for making concrete decisions about real cases and circumstances. A definition provides specific criteria for inclusion to or exclusion from the phenomenon.

Important as they are, definitions are not easy to develop, especially if one definition must reflect several philosophies and perspectives and serve many purposes. The two most common criticisms of any definition are that the definition is either too broad or too narrow.

If the definition is all-encompassing, i.e., too broad, it creates two problems. The first is that it will be seen as vague and thus difficult to apply to actual cases. The second is that it will be applied to many inappropriate cases, that is, to "false positive" cases in the language of research. These cases fit the definitional criteria but in fact are not the kinds of cases most people would think of as examples of the phenomenon. Conversely, narrow definitions will miss many "true-positive" cases, i.e., those cases which actually are examples of the phenomenon but which don't meet the narrow criteria of the definition.

The problem of definition can be illustrated by the recent history of the child abuse field. In the early 1960's Kempe, et.al., coined the term "battered child syndrome."[2] While this was enormously useful in focusing attention on the problem of child abuse, it appeared to equate "battering" with "abuse," thus including only severely injured children in the definitional criteria. Later, the opposite problem, definitional vagueness, developed, especially in relation to neglect and emotional maltreatment. For instance, the federal model law on emotional abuse defined mental injury as "an injury to the intellectual or psychological capacity of a child as evidenced by an observable and substantial impairment in his ability to function within his normal range of performance and behavior, with due respect to his culture."[3] To predict the "normal range of performance" of a given child and to substantiate a casual link between his treatment by adults and his "ability to function" has become the legal equivalent of the task of Sisyphus.

The definitional problems which most often beset adolescent abuse and neglect are vagueness and narrow interpretation. Service providers who work with maltreated adolescents say that emotional abuse is a particularly common form of maltreatment.[4] However, as a basis for intervention, especially when it is involuntary, emotional abuse is usually insufficient. Adolescents who are physically maltreated are often not defined as "abused" because the injuries are not considered sufficiently severe. In the case of physical abuse, the older the victim, the greater the chance his injury will be seen as both minor and deserved and thus not "abuse". These definitional limitations seem to be related to the fact that definitions of child abuse and neglect are based on images of children which are not always adequate for understanding or intervening in cases of adolescent maltreatment.

The Impact of Child Abuse and Neglect Definitions

The obvious and most used paradigm for defining, understanding and dealing with adolescent abuse and neglect is the one which has developed for child abuse and neglect. In the literature on child abuse and neglect[5], the concept "abuse" includes ideas about roles and role relationships—i.e., a perpetrator and a victim who are involved in a set of events which includes maltreatment of the victim.

These abuse roles and role relationships conjure strong images which in turn serve to define these roles and role relationships operationally in real-life situations. That is, the real-life enactment of the role-conjured images contributes to the definition of the situation as "abuse". Yet these images may not fit most cases of violence or other mistreatment of adolescent youth. To the extent they do not fit and to the extent the child abuse and neglect paradigm is the only way of thinking about adolescent abuse and neglect, there will be very few substantiated cases of adolescent abuse and neglect. Thus, it is useful to explore these role-conjured images of child abuse and neglect.

The most important facets of these images are:

- Perpetrators are bigger and more powerful than victims.
- Victims are smaller than perpetrators. They have limited power in the relationship with the perpetrator.
- Victims are not as responsible for their actions (however provocative these may be) as perpetrators are. Usually this is because victims are members of a cohort (such as age) which is not expected to be as responsible.
- The role relationship is characterized by mutual neediness. The victim's needs are thought to be appropriate to this relationship while the perpetrator's are not.
- While the victim's behavior may be inappropriate, it is assumed that the behavior can in part be accounted for by his age-stage.
- The victim is isolated from potential helpers.
- The victim is psychologically as well as physically dependent on the parental perpetrator and is therefore psychologically vulnerable to maltreatment.

These images of the roles and role relationships in child abuse and neglect often are not descriptive of adolescent/adult relationships. The primary difference is that adolescents do not fit this image of "victim".

Maltreated adolescents, like their peers, are often nearly as big and as strong as adults. They are often provocative. They are capable of better impulse control than children; they have access to potential helpers in social systems other than the family. The discrepancies of power and resources between the perpetrator and the victim are considerably less in adolescent abuse and neglect than in child abuse and neglect. Therefore, the images of abuse roles may not seem to fit for adolescent/adult interactions, however violent these may be. The vulnerability of the adolescent and the psychological dependency on the maltreating adult is not as obvious an issue. However, it appears that most maltreated adolescents stay in a maltreating home situation rather than running and relatively few strike back at parents. This suggests that their psychological vulnerability is quite similar to that of children.

Various types of maltreatment conjure different role and role relationship images. For instance, the term "sexual abuse" connotes considerably different images for child victims than for adolescent victims. There are some sexual acts such as intercourse, cunnilingus, and fellatio which are thought to be quite harmful for adolescents and children and which thus are considered abusive. However, other acts like fondling and molesting may be considered quite differently in relation to children and adolescents. For example, a father may caress or touch a four year old without it being regarded as fondling, whereas similar types of caressing and touching of a 15 year old would be considered fondling.

Another problem of image presented by the age and developmental differences between adolescents and children involves the notion of fault or blame. Child victims of sexual abuse are rarely assumed to be in any way responsible for the abusive incident. Adolescents are often perceived to have in some way provoked such behavior and in that sense are viewed to be partially responsible for the act.

The terms "physical abuse" and "neglect" also present some problems with respect to the images associated with physically abused children versus physically abused adolescents. Physical injuries experienced by children may be more severe than those experienced by adolescents. Physical punishment or deprivation of food or child care are potentially more severe for children than for adolescents. The issue of who is responsible for insufficient food and clothing is clear in cases where children are too young to care for themselves. An adolescent who is not properly clothed or fed may be perceived to be as much responsible for his/her condition as the parent/guardian.

The Perspective of Developmental Stage on Definition

A perspective of developmental stages casts a different light on the issue of roles and role relationships and on the images conjured by them. This perspective is useful in differentiating adolescents from children and youth-parent issues from child-parent issues. The definition of abuse and neglect is then grounded in what is developmentally appropriate for adolescents rather than for children. Both adolescence and middlescence are characterized by experiences which can contribute to the potential for violence between parents and youths.

Adolescence is a time in which young people experience

new and conflicting feelings about their physical and sexual development, and their need for both dependence on and independence from their parents. They are reassessing beliefs and often reach self-righteous and dogmatic decisions about values. They are interested in experimenting, taking risks, and attempting variations in presentations of themselves. These experiences are often accompanied by moodiness, pendulum-like swings from withdrawal to almost clinging on parents, and from sociability to awkwardness and discomfort, painful self-consciousness and exasperating self-centeredness. This self-centeredness does nothing to enhance their limited ability to empathize with feelings and personal circumstances dissimilar to those they themselves are currently experiencing. These feelings and experiences are a part of normal adolescent development, but the accompanying behavior can be difficult for family members to live with, especially if they do not see or accept the developmental context.

Most parents of adolescents are middle-aged. Middle age, like adolescence, is characterized by its own configuration of experiences and feelings, some of which can be equally difficult for the family to live with. Middlescent adults are confronted with a series of stressful experiences in their own lives. Often there are physical changes which are interpreted as signs of irreversible decline (wrinkling, balding, gaining weight, decreased stamina, menopause). Sometimes there is a feeling of failure in one's role as worker, parent, spouse, or provider. New problems, such as role reversals with aging parents, may compound feelings of depression and anger. Much of what characterizes these two age-stages is potentially conflictual. If the separation process of the young person is particularly difficult and if the parent has a strong need to maintain tight and constant control, then these common age-stage conflicts may erupt into violence.

This perspective changes the images of roles and role relationships. It stresses the potential for conflict arising out of parents' and youths' difficulties in responding well to the age-appropriate behavior of the other. It emphasizes the developmental context of a great deal of adolescents' behavior which is often interpreted by adults, parents and service providers, as intentionally provoking. It allows for a different set of definitional images in the roles of an abuse situation, images which are not locked into the roles of perpetrator and victim.

Purposes and Arenas of Definition

Definitions are developed for a purpose. Different purposes often require different definitions. For instance, a service program which has few resources may define adolescent maltreatment in a way which limits the number of adolescent cases it will handle. In this case, the purpose of the definition is to delineate intake eligibility criteria. On the other hand a research project may define adolescent maltreatment quite broadly in order to study prevalence or develop a typology. Generally the two most common purposes of definition are to establish 1) legal jurisdiction and bases for intervention, and 2) intake eligibility criteria for service programs.

1. Legal Definitions of Adolescent Abuse and Neglect

There are three areas of law which are pertinent to adolescent maltreatment:

- Mandatory child abuse reporting and investigation laws, which require both that reports of suspected child abuse be made to a designated agency and that an investigation by that agency be made.
- Juvenile or family court laws which set forth the jurisdiction of the court over "abused," "neglected," or "dependent" children.
- Criminal laws which make intentional acts of child abuse or neglect punishable as crimes.

It appears that most states intend to include adolescents in civil child abuse and neglect law. All but eight states define "child" as a person under the age of 18.[6] Thus mandatory reporting and investigation of abuse and neglect should occur in most states. Dependency petitions should be applicable to maltreated adolescents as to maltreated children. Thus from a purely legal standpoint, it appears to be unnecessary to create a separate definition of adolescent abuse and neglect.

Practically, however, there are a number of problems associated with legal definitions as these apply to adolescent abuse and neglect. Briefly summarized, these include:

- "Seriousness of the injury": Because of their age and size, physical abuse of teenagers does not usually involve broken bones, spiral fractures, subdural hematomas, or other extreme injuries usually associated with physical abuse of infants or younger children. Thus, definitions of abuse which focus on the "seriousness of the injury" may limit legal interventions in cases of adolescent abuse.
- Judicial attitudes toward adolescent maltreatment: Many cases of adolescent abuse and neglect are not brought to court as such because of assumptions by child protection workers and by youth workers that they will not be able to "win" such cases in court, i.e., that the judge will not declare the youth to be legally "maltreated". As a result, a substantial number of cases of adolescent abuse are brought to the court as "status offenses" or as delinquency, in order to obtain court-ordered intervention and placement. This approach may place the young person within the juvenile corrections system, rather than the state social services system. It also tends to reinforce the "victimization" of the youth, focusing the blame on the youth as a

status offender or delinquent, rather than on the abusive or neglectful parent or caretaker.

- Emotional abuse and neglect: Many child protective workers and youth workers identify "emotional abuse" as a major aspect of adolescent maltreatment. Because few states have developed legal definitions of abuse and neglect which include clear standards for emotional abuse and psychological harm, legal definitions may be inappropriate in many situations of abuse or neglect.
- "Provocation" and "justification": For the most part, legal definitions of child abuse have not dealt with concepts such as provocation and justification. An implicit assumption is that child maltreatment is wrong regardless of what the child did to provoke it. With teenage youth, however, questions of justification and provocation become significant, since adolescents are rarely seen as "victims" in the same way children are.

Despite these difficulties, adolescent maltreatment cases are increasingly handled legally as child abuse and neglect rather than delinquency. This is probably due in part to the dispositional difficulties of status offense law. For example, detaining status offenders with delinquents is now illegal. Also it is often easier to find therapeutic placements for maltreated youth than for youth who are status offenders. Since there are often the same adolescents, it has become easier to adjudicate these youth under child abuse and neglact statutes than under status offense law.

2. Intake Eligibility Criteria

Definition in the social service arena is the cornerstone of eligibility criteria. In a program which serves "abused and neglected" adolescents, the definition of an abused and neglected adolescent is basically a description of the kind of client the agency is designed to deal with.

The four adolescent maltreatment service projects which contributed to this volume developed working definitions of adolescent abuse and neglect. Their definitions were the same in some areas and different in others. The areas of eligibility criteria with which these projects dealt included the following:

- Age: All four projects served teenagers up to age 18. Three of the four also served 12 year olds.
- Type of maltreatment: All of the projects included physical and sexual abuse in their definitions. Three included cases in which there was emotional abuse or neglect. One project did not include these two types. This project was located in a child protective service agency which developed a specialized unit (that is, another project) for adolescents with problems other than physical or sexual abuse. Neglect and emotional abuse cases were handled by this unit.
- Substantiation/High Risk: Substantiation of alleged maltreatment is often difficult to determine in both child and adolescent cases. Emotional maltreatment is a common factor in adolescent maltreatment. Among the four service projects, 68% of client youth had been emotionally maltreated. Emotional maltreatment can be quite difficult to substantiate, largely because the legal definition is not as specific as it is for physical abuse and sexual abuse. Thus projects which establish an intake criterion of substantiated maltreatment will see very few cases of emotional maltreatment which is not accompanied by clear-cut physical or sexual abuse. Projects which have a prevention focus and resources to serve a variety of cases may decide to serve high risk as well as substantiated cases. Often "high risk" is a term used when maltreatment is suspected but cannot be substantiated.
- Age of onset: Adolescent maltreatment cases are often described in terms of the age of the youth at the time maltreatment began. One speculation is that the dynamics of adolescent and childhood onset differ.[7] Childhood-onset cases are thought to be characterized by the dynamics often associated with the child maltreatment syndromes. From this perspective one would expect adolescent physical abuse cases with childhood-onset to be characterized by a perpetrator-parent who 1) was abused as a child, 2) is not isolated and 3) has inappropriate expectations of the child. Adolescent-onset cases are more likely to have less dysfunctional parents but instead are characterized by age-stage conflict between parent and adolescents.

To the extent these differences exist, treatment plans should be different, e.g., adolescent-onset cases may generally improve more with brief family counseling than would childhood-onset cases. Projects which have resources for only brief counseling might include age of onset in their definition. They may choose to accept only cases of adolescent-onset in order to ensure that their brief services are adequate for most cases which they accept.

- Most recent incident: Some services (e.g., crisis counseling) are clearly more effective if the presenting problem has had a recent occurence. Thus a criterion of eligibility and as aspect of the definition might be that a maltreatment incident or indicator occurred recently.
- Social context of maltreatment: Often the working definition of adolescent maltreatment will include a statement about "familial maltreatment," thus limiting service eligibility to cases in which maltreatment occurred in the home. Institutional maltreatment and other third party perpetrator cases usually involve much dif-

ferent dynamics and require different intervention approaches than familial maltreatment.

When it is the basis for intake criteria, a definition often evolves with the services project. Several of the four adolescent maltreatment projects changed their definitions of adolescent maltreatment during the funding period in order to focus services on more specific groups of adolescents and their families.

Conclusion

A single operational definition of adolescent maltreatment has not been formulated and probably will not be. Definition depends on purpose, and purposes among agencies both differ and change over time. The development of definition should take into consideration the purpose, resources of an agency, and specific problems of the client population which the agency wants to serve. Definition is a tool for achieving results and a good definition is founded on a clear conception of purpose.

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SECTION II: Service Models

Chapter V
Youth in Need Adolescent Maltreatment Project
St. Charles, Missouri

Linda Rich James, MSW

Community Context

Youth In Need, Inc. (YIN), located in the city of St. Charles, serves the entire St. Charles area, which is comprised of five cities. St. Charles County is the most northwestern county in the St. Louis metropolitan area. The county has a total population of 143,673 people. Forty-two thousand people reside in St. Charles City, while the remainder of the population lives in the rural areas throughout the rest of the county. Only 1.2% of the total population is non-white. The majority of the families earn middle income salaries, approximately $12,000 per year. YIN primarily serves lower income white youth and their families living in St. Charles City and in the rural areas of the county.

The community setting can serve as an advantage and occasionally as an impediment to the project's effectiveness. First, the primary benefit is that the community is relatively small, providing for ease in the development of interagency relationships between YIN and other social service, criminal justice, and private agencies dealing with maltreated adolescents. The community's size has helped to foster agency networking. Second, mental health services have recently extended beyond St. Louis to St. Charles. The emergence of such services has created both a recognition of the abuse and neglect problem in general, and interest toward the delivery of mental health services. Last, the close proximity of YIN to other social service and criminal justice agencies facilitates the ease with which agencies can communicate with one another. Close proximity contributes to pre-existing relationships that further facilitate ease of communication.

The impediments, on the other hand, are typical of small suburban/rural areas beginning to engage in the identification, intervention, and delivery of services to maltreated adolescents. Of primary concern to the Project is the community's general lack of knowledge about the problems and issues of abuse and neglect. This failure to understand the significant problem of adolescent maltreatment results in an unwillingness to report and respond to this issue. Further, the community has few social services that are for adolescents, such as counseling, shelter facilities, foster care, and group homes.

YIN provides the only emergency shelter care facility for adolescents in St. Charles County. Further, it is the only agency within St. Charles County that has designed its service delivery system specifically to meet adolescent needs. YIN fills the gaps for adolescent services in the community through the provision of shelter services, foster care, counseling, hotline, information and referral, and training seminars. As the only agency focusing these services on the abused/neglected adolescents, YIN serves as a predominant resource for the Division of Family Services (DFS). In addition, YIN has taken a leadership role in drawing agencies together to discuss issues of adolescent abuse/neglect. These meetings facilitate cooperative working relationships and interagency coordination.

Project's History and Development

YIN was initiated in 1973 by personnel of the Eleventh Circuit Juvenile Court and the St. Charles County Sheriff's Department. They identified a need to provide an alternative to the detention of youth in St. Charles County Jail, as well as a need for supportive services to local youth who were experiencing crises.

YIN services have been guided by the overall mission of providing community-based crisis services to the adolescents and families of St. Charles County since the program opened in 1974. The first service offered by the agency was a 24 hour hotline that provided crisis counseling as well as information and referrals. Shortly after the opening of the hotline, Federal monies were awarded to YIN to provide temporary/emergency shelter services to runaway youth.

Since YIN began providing shelter services, staff have witnessed the phenomenon of multi-problem youth and families. Generally, youth and/or adults who sought YIN services were experiencing a range of problems that led them from one crisis to another. Family problems between youth and parents were often compounded by marital conflict, separation, divorce and/or remarriage, financial stress, alcoholism in the family and/or problematic siblings. As a rule, like most cases seen in mental health agencies, there was more to the problem than what was initially presented. Often to the dismay of the parents, YIN staff looked beyond

the runaway incident in trying to understand the process which led to the youth's actual act of leaving. YIN's primary focus was to serve youth who had run away from home, and hopefully reunite the family through constructive communication, understanding and positive conflict resolution. At this time, services were based on the assumption that every family wanted to resolve their problems and every youth longed to return home. Although this is often true, YIN staff soon learned that this was not always the case and other alternatives needed examination.

Early on staff recognized that youth left home for specific reasons and that therefore runaway episodes were not the beginning of conflicts, but were reactions to problems experienced in their homes. As stated previously, families can share a multitude of problems, any of which can cause youth to react by running away. It appeared that many runaway episodes were highly correlated with the incidence of abuse/neglect.

Aside from the physical violence or destruction of the family's property, one of youth's only weapons against their parents is to leave home. Ironically, by running away, youth become identified as the "problem-maker" in the family and are under threat of punishment by the Juvenile Court. More often than not, the main concern of the Juvenile Court as a law enforcement agency, is the correction of the illegal behavior rather than looking at the causes leading to the act of running away. Their main thrust is to return youth home or to institutionalize youth outside of the community.

At YIN, staff tried to act as negotiators between youth and families and/or between youth and the correctional system. The issues surrounding reintegrating youth into their families and deterring their involvement with the correctional system had to be contended with when YIN took on the task of serving runaway youth. These issues were further highlighted when staff began to identify that many of the runaway youth were victims of abuse/neglect. The identification of abuse/neglect gave further credence to minimizing the involvement of the Juvenile Court with runaway youth and initiating interventions by the social service system.

Referrals from the Juvenile Court and DFS increased as YIN displayed success in alleviating family crises and reuniting youth with their families. In turn, reunification of the family unit decreased the caseloads of these agencies. Through the experience of working with families who mistreated their youth, staff realized that it was often inappropriate to work toward the goal of returning youth home. In addition, the identification of abuse/neglect necessitated the involvement of DFS and often the Juvenile Court. If YIN did not pursue rejoining youth and families, DFS and/or the Juvenile Court was often placed in the position of working out an alternative plan. This placed more stress on their time and resources, which created additional pressure for the staff of those agencies.

Since YIN was in the early stages of its program development, the agency staff were first trying to build acceptance in the community for the organization as a valuable youth resource. It was crucial that YIN establish credibility with other agencies in order to effectively serve these youth, without sacrificing at the same time the needs of youth or families. Disputes with other agencies surrounding the treatment needs of specific mistreated youth were perceived by agency staff as threatening the utilization of YIN's services by DFS and the Juvenile Court. Dissension among the three agencies abated when YIN assumed responsibility for treating youth and locating appropriate resources.

In October 1978, YIN House received funding from the National Center on Child Abuse and Neglect (NCCAN) through a grant from the National Network of Runaway and Youth Services to implement a demonstration project for maltreated adolescents. YIN had been serving this population since its inception in 1974, although there had been no attempt prior to NCCAN funding to develop a special program for the subpopulation of maltreated adolescents. The rationale for selecting this subpopulation for service in a demonstration project was based on two primary assumptions:

- Maltreated adolescents are underserved by existing human service systems.
- Runaway programs have the capacity to effectively serve maltreated youth and their families and play a leadership role in the development of needed services in the communities they serve.

It is important to note that prior to the award of the NCCAN grant, staff were aware that adolescent abuse/neglect was a problem and that YIN had been serving youth who suffered from this problem. Staff quickly became aware that few agencies in the community conceptualized a maltreated adolescent's problem as abuse/neglect but rather as "acting-out" or exhibiting "anti-social tendencies." Through relabelling the behavior of the youth as an act of survival, the focus shifted to include the parents. Parents were encouraged to assume responsibility for their child and to examine the effect their actions were having on their child's behavior. This facilitated the deliverance of services to youth *and* families instead of merely furthering involvement of the youth in the correctional system.

YIN's experience with mistreated youth fostered staff interest in devising satisfactory community treatment methods. Recommendations were drafted which included the following major points:

- Community perceptions of the problems of mistreated youth needed to change.
- Agencies delivering services to mistreated youth had to coordinate their efforts.
- An agency had to initiate advocacy for these youth.
- Current YIN services needed to be modified and additional services implemented to address and respond effectively to the needs of maltreated youth.

These recommendations led to the philosophical perspective that treatment services needed to be combined with community education and networking efforts.

Goals and Objectives

After the conception of the Project, the following goals were formulated:

- To look at whether or not a community based runaway program could develop effective services to deal with abused/neglected adolescents.
- To develop ways a crisis-oriented community based program could work with the DFS Protective Services Unit to provide more effective interventions to abused/neglected adolescents.
- To compare how community-based programs in different geographic and economic areas must adapt to their programs to meet the needs of the target population.
- To define the nature, causes, and effects of adolescent abuse/neglect.
- To develop and refine services for abused and neglected adolescents and their families.

The objectives for YIN's Project were developed based on the perceived needs of the St. Charles community. The objectives included:

- To interview applicants and hire one new staff person to work in the YIN Project.
- To develop a working knowledge of community agencies, their procedures and their involvement in working with abused/neglected adolescent cases.
- To participate in joint staffings and treatment planning with other agencies, especially with DFS, who are involved with the management of an abused/neglected adolescent case.
- To provide counseling services to abused/neglected adolescents and their families.
- To provide temporary/emergency housing at YIN for abused/neglected adolescents between the ages of 12-18, as needed.
- To maintain accurate files on abused/neglected cases which could be used to provide adequate documentation of client history and contacts with YIN.
- To keep statistical data which captured the number of clients and the type of services provided by the Project.
- To recruit, license, train and supervise four foster families who could then provide housing for abused/neglected adolescents.
- To work with the foster families in an attempt to return youth home to their natural families when appropriate.
- To organize a group of key community members for the purposes of discussing obstacles to handling abuse and neglect, ascertaining the needs of the community for education, assessing the current services and recommending how agencies might work together more effectively.
- To advocate for the legal rights of abused/neglected adolescents, when necessary, through working with Protective Services, Juvenile Court, Legal Aid and the Public Defenders Offices.

Project Affiliation

YIN is the host agency of the NCCAN funded Adolescent Maltreatment Project (AMP). As a multiservice youth program, YIN provides an array of services specifically geared to meet the needs of adolescents. These services include: 1) temporary and intermediate shelter care for youth ages 12-18; 2) individual, family and group counseling for youth in residence and youth living in the community; 3) a 24 hour hotline which acts as a central reference point for information and referrals as well as a crisis hotline; 4) training programs for youth and for professionals who serve adolescents and/or their families.

The association of the AMP to the host agency can best be described as one of mutual interplay. Staff resources were shared to conduct direct services to abused/neglected adolescents and families, as well as community education, coordination and networking activities. The relationship between the host agency and the AMP was difficult to delineate due to the full integration of the subpopulation clients (ie, abused/neglected adolescents) into all services provided by YIN. However, from the onset of the Project it was the intention of the AMP staff to utilize all services provided by YIN in conjunction with specialized services focusing on the needs of maltreated youth.

With the advent of the AMP, complementary services could be provided that would enhance the quality of the services already offered by YIN. In addition, new services could be developed that would further address the needs of maltreated adolescents. Subsequently, YIN developed a system of agency coordination and networking on behalf of abused/neglected adolescents. Community education efforts increased and professionals were targeted who play an integral part in the abuse/neglect service delivery system. Foster homes were recruited and licensed to provide additional resources for abused/neglected adolescents who could

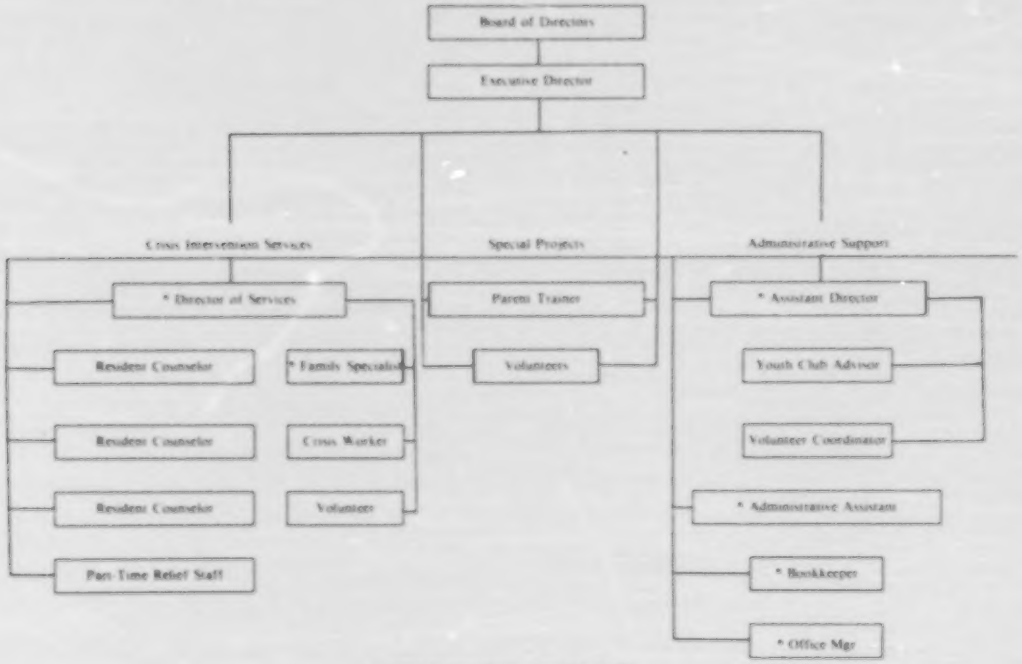
not return home or were awaiting placement at YIN or another agency.

Organizational Structure and Staffing

YIN is a tax-exempt, not-for-profit agency which incorporated in the state of Missouri in 1974. The organization is overseen by a 15 member board of directors made up of citizens from around the St. Charles County area. Schools, businesses, law enforcement agencies, and medical, social work, and legal fields are represented on the board, as well as volunteer staff and youth. This a policy-making board which participates in planning and evaluation of the services provided. The Board of Director's responsibilities include policy development, budget review, fund raising, community relations, and the provision of technical assistance on organizational issues. In addition, the agency draws on the expertise of an advisory board to assist with resource development and public education. YIN staff are available to provide input and consultation to board committees when necessary. The formal lines of communication are depicted in the agency organizational chart. YIN staff consists of a total of twelve full time positions plus a resource pool of volunteers and practicum students. It is important to note how the AMP is integrated into the overall agency structure. (See organizational chart on next page).

During the first year of the AMP, staffing for the Project included the Executive Director, the Director of Counseling Services and the Family Specialist. The main functions of the Director of Counseling and the Family Specialist were to conduct intake, diagnosis and counseling for maltreated adolescents and their families, engage in community organizing and networking activities and participate in case planning as well as program planning. The administrative responsibilities rested with the Executive Director, with support services being provided by the Secretary.

In January 1980, YIN underwent an organizational restructuring which resulted in the Director of Counseling Services moving into the newly created position of Assistant Director. This shifted her responsibilities for the NCCAN Project from clinical services to primarily adminstrative functions. The Director of Services then became involved in the treatment services and program planning of the AMP. The organizational shift enabled staff members to function as a work group for the planning and implementing of services of the AMP. The Executive Director was primarily concerned with legislative and networking activities, whereas the Assistant Director provided input on program development, oversaw the financial aspects of the grant, monitored the evaluation efforts and participated in community training and networking. The Family Specialist and the Director of Services provided the treatment services, including individual and family counseling, casework management, foster care requirements, and licensing, and supervision of the youth in placement. The office manager was part of the support services for the Project, as were the bookkeeping staff.



Youth in Need Organization Chart 1980

* Asterisk Maintenance Staff are indicated by an asterisk

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Though YIN has undergone organizational restructuring since the inception of the AMP, staff designated to this project have remained the same. There have only been shifts in the responsibilities of each staff person involved in the Project.

Project Management

The management tasks of the Project were divided into two areas: 1) financial and administrative functions and 2) case management and service delivery supervision. The Assistant Director was responsible for overseeing Project operations, completing all tasks related to the financial management and evaluation efforts of the Project as well as the preparation of written reports. The Executive Director oversaw Project planning including scheduling for community networking activities and the development of services. In addition she was responsible for the hiring and review of Project personnel. The Director of Services oversaw the delivery of clinical services and the case management process, and supervised the clinical staff involved with the abused/neglected adolescents. Consultation and supervision for the foster care program was provided by a psychiatric social worker who was under contract on a consulting basis.

Evaluation of staff occurred on a semi-annual basis through a Management By Objective process where staff members delineated six month work plans. These plans were reviewed by the supervisor of each Project staff person for completion of stated tasks. In addition, performance evaluations were made on general accountability criteria, such as work attendance, timeliness, dependability, and quality of work performance.

Resources and Resource Allocation

YIN derives financial support from multiple sources which include: United Way of Greater St. Louis; revenue-sharing funds from four local cities; contracts for residential care and family assessment services through St. Charles County Juvenile Court; Federal Runaway Youth Act funds; National Center on Child Abuse and Neglect; Title XX contract from the State of Missouri for shelter care and counseling services; agency fund raising activities; a variety of churches, service clubs and business/corporate contributions.

The Adolescent Maltreatment Project was funded solely by the NCCAN grant award through a subcontract with the National Network of Runaway and Youth Services. The funds available through the subcontract were sufficient to cover the costs of Project operations. Additional services for AMP clients were available through the variety of services offered by the host agency. By sharing staff and program resources with the host agency, the AMP was able to provide comprehensive services at a relatively low cost.

YIN participated in two weeks of data collection for a Resource Allocation Study conducted by the evaluator, Berkeley Planning Associates. The study indicated that in an average week, the staff expended a combined total of 313 hours delivering the Project's services. This effort was allocated across three general categories of Project activities: direct client services (53%), indirect client services (8%) and other support activities (39%).

Client Characteristics

The primary Project client at YIN was most frequently the abused or neglected adolescent, aged 12-18. Subsequent to the youth's contact with the agency either for housing or out-client treatment, other family members were involved in services if at all possible. Occasionally, the entire family sought services voluntarily and was identified as the primary unit for treatment. An individual or family became a client when:

- The individual or family self-identified maltreatment.
- An individual was referred by anyone or any agency as a maltreated adolescent.
- An adolescent was determined and/or suspected of being maltreated at intake or shortly thereafter.
- A client and/or family during Project consultation identified that abuse/neglect had previously occurred during childhood or adolescence.

Clients were differentiated by numerous criteria, several of which will be considered in this section. Physical, sexual or emotional abuse, or the omission of care which constitutes neglect, comprised the categories of maltreatment of our clients.

- The majority of our abused clients had been subjected to emotional abuse in the form of repeated verbal insults, belittlement, and overt rejection. Omission of care often accompanied the other forms of abuse, as a result of the deteriorated family relationships. Parents simply locked the doors or kicked the youth out of the house. About one third of the clients were sexually abused and a smaller percentage were physically abused. The physical abuse generally took the form of excessive punishment or beatings.
- AMP youth who had been removed from the home or who had run away were often attending school sporadically or had dropped out completely. On the average, the youth had completed the 9th or 10th grade.
- AMP youth fell largely into the lower-middle class socio-economic strata. Over 95% of our clients were Caucasion while only 5% came from minority groups. 65% of our adolescent clients were female and 35% male. Very few of the youth were employed, though most of the their parents had sustained employment.

The majority of the youth were from reconstituted families with three or four children residing in the home.

- Adolescent clients were differentiated between those who arrived at the agency after having lived most recently with one or both parents, and those who had been living outside the parental environment. Those youth who had been residing outside of the parental home might have lived in a treatment facility, group or foster home or "on the streets." AMP staff learned that many clients of the Project had been removed from the home due to earlier incidents of abuse or neglect and never reunited with their families.

Case Management

Admission criteria for AMP services stipulated that a youth be between the ages of 12 and 18, and present a current problem or history of abuse or neglect. Abused and/or neglected youth initially came to the agency in the following ways:

- By leaving home voluntarily during crisis episodes.
- Being brought to YIN by the parent(s).
- Escorted by staff from DFS, Juvenile Court, police, school or other agency.

Prospective clients and referring agencies typically gained access to AMP services through the YIN hotline. The hotline, provided 24 hour availability to AMP services and assisted those in need of immediate crisis intervention. When an intake was requested at times other than the regular 9-5 business hours, it was conducted by YIN shelter care staff who assessed the service needs of the client, and whether or not shelter care was appropriate or needed. Later, the case was assumed by AMP personnel. If an intake was requested during business hours, either shelter care staff or an AMP worker conducted the assessment.

YIN received referrals for AMP services from a variety of sources. Of the total number of referrals, 50% were from protective services, 20% were self-referrals, 10% were referred by friends, 5% from the Juvenile Court and another 5% from school, mental health agencies and hospitals.

At the time of intake, basic information was collected from the client and/or referring agency. The information requested included presenting problems, youth and family relationships, history of abuse/neglect and basic demographic data.

Diagnostic Process

Following intake, shelter care staff referred the case to the AMP Family Specialist. The Family Specialist then conducted a more comprehensive assessment interview with the youth individually and arranged a similar interview with the entire family, whenever possible. The interviewer noted the extent of abuse, the specific situation in which the incident occurred, and any dysfunctional interactional patterns in the family.

In cases where AMP clients were provided temporary housing, all YIN staff were able to observe the youth's level of functioning. Through these observations, staff assessed the following: 1) the youth's reaction to the rules and structure of the shelter 2) the youth's communication style 3) peer relationships 4) the youth's perception of authority figures and, 5) attitudes reflected by the youth's behavior. The information gained through observation in the shelter allowed hypotheses to be constructed regarding the adolescent's level of functioning independently of his family. Hypotheses were also formed about the youth's capacity to function within the context of his family or other placement settings.

Using diagnostic information and progress in individual or family treatment, the appropriateness of the youth's most recent living situation was assessed. Some youth were unable to return to their previous residence because of continued family dysfunction, the youth required the more intensive structure and treatment of a residential facility, or the youth was old enough for independent living. When reunification with the family was impossible, staff sought suitable resources in the community for adjunctive services.

AMP youth residing in the shelter facility were provided with numerous services beyond food and housing. These included counseling, life skills training, assistance in locating vocational training and housing, and obtaining psychiatric, medical and dental care.

AMP staff observed that when an adolescent resided in the shelter, his/her parents were more responsive to staff assessments of their child. Agencies who had custody of youth and placed the youth at YIN, seemed to value the experience and opinions of AMP staff due to their intense level of contact with the youth residing in the shelter.

Finally, the central aid to the diagnostic process was the case conference. YIN residential staff, the Family Specialist and the Director of Services functioned within this framework as a treatment team. Through weekly case conferences, new hypotheses were formed based on information gathered from all team members. It was there that individual and family intervention strategies were modified and short and long term objectives formed, establishing a comprehensive treatment strategy through a written plan.

Treatment Process

The treatment process was closely tied to the diagnostic process. Effective treatment could only be designed through a proper and workable assessment of the problems. The written treatment plan was goal oriented, and was developed to include initial crisis resolution goals. The plan was modified weekly as diagnostic information was gathered.

It was the desire of the AMP staff to design short-term and long-term treatment goals in conjunction with the adolescent and his/her family based on their declared need and the assessment of the staff. In general the goals of treatment were:

- To provide crisis intervention to help alleviate the immediate problem.
- To reunify the family whenever possible.
- To prevent the transference of maltreatment to other children in the family and the reoccurance of maltreatment of the adolescent client.
- To help create linkages for the youth and/or family with other possible community resources.
- To assist the youth in adjusting to alternative living situations when returning home was not feasible.
- To facilitate the building of outside support systems for the youth and/or family.

When AMP youth were sheltered at YIN, daily contact could occur between the youth and his/her caseworker. Parents and families were generally seen twice a week by the AMP caseworker. Due to the frequency of interaction in the shelter facility, the contact between AMP staff and youth was intensified.

Outclient AMP youth and families sustained a less intense involvement with YIN. AMP services were delivered to these clients by the caseworker on a weekly basis via individual or family counseling.

All AMP youth and families had input in establishing the goals for treatment. Individual and family expectations of therapeutic progress were sought during all phases of contact. Careful records were maintained by AMP staff and salient elements were reviewed prior to each meeting between clients and the service delivery worker.

Follow-up

Follow-up contact was usually made within 6 weeks of a client's termination from the AMP. The follow-up caseworker contacted the client to determine if treatment results had remained intact. If the situation was unimproved or had deteriorated after termination, recommendations for further treatment were given.

In some instances, follow-up was contraindicated. For example, an AMP youth may have been placed in foster care while desiring to remain at the shelter facility. A follow-up call might disrupt such a placement. In such a case, a three month wait for follow-up could be therapeutically advisable.

Termination

Termination occurred when either the AMP staff or the client mutually or individually concluded that no further services were indicated. Youth in shelter care, where reunification with the family was the treatment goal, were channelled into outclient counseling or provided with other appropriate referrals upon stabilization. Usually, the process for assessing stabilization consisted of comparing the youth's and/or family's current situation to the initial presenting problem.

Termination in outclient counseling was based on goal assessment and again, whether it was mutually or individually concluded that further services were not required. A mutual decision to terminate was made within the context of an individual or family counseling session. When the decision to terminate was final, the AMP caseworker filled out the appropriate internal paperwork for the case file.

About 10% of all AMP clients at YIN were terminated through default before completing their treatment plan. If a youth or family defaulted on Project services by missing two or more service appointments without notifying the Project, a follow-up call was made by the caseworker. If a decision to terminate had been made, the AMP caseworker suggested recommendations, when appropriate. Through the follow-up call, the caseworker attempted to achieve closure with the client and foster a comfortable atmosphere about re-initiating services if the need should arise.

Services and Treatment Approaches

Service Philosophy

It is important to understand the philosophical orientation of the host agency (YIN) before describing that of the AMP. A philosophy of service is comprised of a set of motivating beliefs, concepts and principles. YIN clearly explicated these elements prior to service delivery. The agency's focus on the target group of adolescents and families led to the generation of the following premises:

- Status offenders need an alternative to detention.
- A crisis will act as a catalyst for existing problems in the family and immediate intervention can alleviate the precipitating stressors. Rehabilitative treatment can then be initiated.
- Adolescents will seek services on their own in times of crises if an agency designed to deliver services to youth is readily available.
- Adolescents need a resource to help them adjust to the challenges of their developmental stage and acquire skills that will enable them to cope with life stresses presented by the family environment.
- Community agencies/institutions working with adolescents need a referral source that is willing to respond to the needs of youth and families.

Using these tenets as a basis for program development, YIN began functioning as a crisis center for the St. Charles Community. Today, services include: temporary/emergen-

cy shelter care for youth 12-18, crisis intervention for youth and families, 24 hour hotline services, individual and family counseling.

When the decision was reached to incorporate AMP services into the program framework of YIN, it was natural for the service philosophy of the project to evolve from the orientation of it's host agency. In addition to accepting the founding premises of the host agency, the AMP staff formulated their own set of beliefs, concepts and principles specifically related to maltreated adolescents and their families. This service philosophy was consistent and complementary to the stated one of YIN. Precepts of the AMP were as follows:

- Every adolescent has a right to be nurtured, loved and cared for in a suitable environment that will foster healthy development.
- Whenever possible, a youth should remain at home and estranged youth should be reunited with their families.
- Abused/neglected youth may have increased difficulty resolving the adolescent life phase, and may require specialized services.
- Adolescents and families are affected by the way service agencies perceive their problems and by the policies of these service agencies.
- Youth serving agencies should play a lead role in advocating for services for these youth and families, as well as directly provide them with treatment services.

The services of the AMP were directed both toward the larger community systems via networking, training seminars and advocacy as well as individuals and families. A balanced service system of micro and macro interventions was seen as imperative in the Project's work with mistreated adolescents.

AMP staff saw the treatment/service needs of abused adolescents and their families as:

- Immediate shelter for the adolescent to stabilize/clarify the presenting problems.
- Casework, individual, group and family counseling for the youth.
- Family counseling for the maltreators, taking the focus off the abuse.
- Case management services for other problems presented by families.

Direct Services

The AMP at YIN provides the following services as part of its treatment package:

- 24 hour hotline
- Shelter Care
- Family Counseling
- Individual Therapy
- Casework Counseling
- Foster Care
- Adolescent Group Counseling

Twenty-Four Hour Hotline

The hotline serves as a central reference for information and referral to people of all ages within the St. Charles and St. Louis area. Twenty-four hour a day phone services permit individuals in crisis to access YIN outside the 9-5 working day, and to receive crisis counseling when immediate intervention is necessary. All staff at YIN spend 10% of their time covering the hotline. At least one third of the AMP's case load utilized this service; the hotline was often the first contact the client had with the project.

Shelter Care

YIN provides a temporary shelter for youth between the ages of 12 and 18. The shelter program is licensed by the Missouri State Division of Family Services to provide housing for six youth at any given time. Parental consent or permission of a legal guardian is required for all youth who reside at YIN. YIN House furnishes each resident with: 1) food 2) shelter 3) individual, group and family counseling 4) recreational activities, and 5) an educational program including a course in life skills. Each resident actively participates in the maintenance of the household and is assigned chores on a daily basis. There is a two week maximum stay though exceptions are made for youth awaiting placement.

The purpose of this service is to provide a safe, secure place to live for youth in crisis until a better solution can be constructed for the individual. Eighty-five percent of the AMP youth received this service. Four resident counselors spend 60% of their time delivering this service to maltreated youth.

Family Counseling

Abused/neglected adolescents who remained in the home or who were to be returned to the home without intervention in the family environment were considered to be at high risk for further maltreatment by the YIN AMP. Therefore, in these situations, interventions were provided from a family systems approach. This approach looked at the family as a system of dynamic interactions with each family member contributing to the problem. This approach was seen as particularly helpful in working with maltreated adolescents in that it:

- Helped to refocus the family members from the individual behavior of one member to how the family unit collaborated in continuing the crisis.

- Highlighted enmeshment and t iangularization within the family.
- Help to bring out social and economic factors creating stress on the family.
- Looked at the developmental phases of all family members.
- Created a climate for change: Each individual within the family had responsibility for solving the problem facing the family.
- Helped to prevent scapegoating of the youth, or the other family members.

AMP staff feel it was particularly important to facilitate the family's awareness of patterns which keep them entrenched in unhealthy, destructive communication and behaviors. Scapegoating was part of the family pathology as it reflected cause and effect thinking, allowing each family member to shuffle responsibility for their own actions onto the behavior of another member. AMP staff viewed the entire family as suffering from dysfunctional family interactions.

Individual Therapy

The Counselors at YIN often use individual counseling as part of the treatment plan for adolescent clients. The process of individual counseling differs according to the needs of the client and the training of the therapist. At YIN, staff generally employ a psychodynamic model with the adolescent clients seen individually.

YIN's clients experience multiple conflicts, including conflicts with family, peers, authority figures, and school. They are often in turmoil over career choices, identity resolution, acceptance by their peers, drug use, and sexual experimentation. Due to the complexity of the individual's conflicts, it is necessary to use the therapeutic setting as an opportunity to explore the nature of the youth's relationships, and the decisions which youth must make to resolve the adolescent life phase. The therapist can assist the youth in planning for his/her future and in learning how to solve his/her own problems. The goal of the therapist is to help the adolescent client gain control over his/her own life. This is a task which can be particularly difficult for an abused/neglected adolescent. These abused/neglected youth are often removed from the home at the discretion of a social worker, or due to the parent's wishes, and experience a great deal of anxiety over their lack of control in these decisions.

Individual counseling can be particularly appropriate for adolescent clients. Whether at the beginning, middle or late adolescence, individual counseling can be helpful to youth in confronting crisis or in accomplishing developmental tasks. Early adolescence is a time when youth need to bond more closely with peers and begin to relinquish the dependency on their parents which characterizes late childhood. Middle adolescence is largely a time of seeking satisfaction in school, school activities and developing meaningful relationships with peers from the youth's age group. Late adolescence brings tasks of career decisions, development of intimacy with the opposite sex, and the challenge to function autonomously. These tasks, which all adolescents face, can be severely disrupted by family conflict which results in the youth being maltreated. The therapist working individually with the adolescent client can assist the youth in experiencing a more normal adolescence.

Adolescence, in our culture, is a life phase where autonomous functioning is acquired. It is a time for experimentation with identity, new thoughts and feelings. These are individual tasks. Individual therapy can assist an adolescent, particularly an abused or neglected adolescent who may need added support, to achieve resolution of these conflicts independently of the family.

Casework Counseling

This service addressed the need for coordination with other agencies who may also be involved with the maltreated adolescent or family. It is important that agencies simultaneously involved with the same client, complement each other's work, and strive jointly to attain the goals set in the therapeutic process. Contacts were routinely made by YIN with other community agencies to facilitate the development of linkages that would ensure smooth working relationships. Input from other YIN staff was solicited so that their information could be incorporated into the treatment plan. Joint staffings and frequent contact among other agencies maximized the ability to effectively meet the client's needs. Casework counseling was seen as an essential service to abused/neglected adolescents, as these clients were commonly involved with two or more agencies.

Foster Care

The AMP recruited, licensed, trained and supervised St. Charles' families for the foster placement program. The purpose of the foster care program was to find substitute family care for teenage clientele when their natural family was unwilling or unable to care for them. The program was designed to meet the needs of four types of situations: 1) *Emergency Overnight-* placement with a family when the YIN shelter was full, 2) *Temporary-* one week to three month placement for adolescents who were awaiting placement in a group home or other facility, 3) *Short-term-* three to six month placement for youth who had the option of eventually returning home, and 4) *Long-term-* more than six months placement, designed for youths who would move into independent living situations.

All referrals to the foster care program came from the YIN house program. A recommendation for foster placement was made by YIN staff when it was felt that the youth

could not continue to live in his/her own home without physical and/or emotional harm. Family interviews indicated that the natural parents were unable to deal with the youth in a non-destructive way. When a child was in the custody of D.F.S., the D.F.S. worker assisted in evaluating the need for and appropriateness of placement. Placement was implemented when every possibility of keeping the youth at home had been explored and every effort had been made to resolve the precipitating problems in order to avoid placement.

In preparation for the placement, the youth's needs and personality were carefully considered so that a good match with a foster family could be made. The youth may have made a pre-placement visit to the foster home to meet the family. Prior to placement, an individualized family plan for continued family contact, family counseling, and casework services was written. This was dependent on the type of placement and the anticipated length of time the youth would be residing in the foster home. Appropriate medical forms were completed and a written agreement was signed by the natural family, the foster child, the foster family, and the AMP Family Specialist. This agreement indicated the legal responsibilities of each party.

After the above procedures had been followed and the youth was placed, continuing services were provided. Family counseling with the youth and the natural family took place on a weekly basis for the duration of the placement. Weekly visits to the foster home were made by the YIN staff: These visits were set up each week for the first month, and two times per month for the remainder of the placement. The Family Specialist was available for special counseling as needed.

Placement in a foster home was terminated for either of two reasons. Ideally, the placement was terminated when the precipitating problems between the youth and his/her natural parents had been resolved. At this time, the goal having been reached, the youth returned home. The Family Specialist visited the youth upon his/her return home two times during the first month home. If the youth was placed in a group home or residential treatment facility, AMP staff made a follow-up call to the facility. Less ideally, when it appeared that the placement was producing an unusual problem either to the youth or the foster family, the placement was terminated. Another placement was then sought.

Experience revealed to AMP staff that maintaining an adolescent in a foster home required a great deal of time as well as finesse in balancing the delicate negotiation process between YIN, the youth, and the family to meet the needs of all involved. The adolescent, being in a transitory state, with many conflictual feelings around his/her present situation, placed an emotional strain on the foster family as he/she tested out the new environment. The longer the placement, the harder the adjustment seemed to be for both the youth and the family. This may be attributed to the anxiety of the youth and foster family surrounding the unknown future of the adolescent. This anxiety was heightened by the ambiguity around the length of time the adolescent would be residing in the foster family's home.

A new foster family was especially naive to the reality of having a new member join their family and the impact created by the youth's placement in their home. Consistent support needed to be provided for both the family and the youth to help make the adjustment as easy as possible.

Adolescent Group Counseling

Group counseling most often occurred for the youth residing in the YIN shelter facility, though outclient groups were periodically provided this service on a limited basis.

These groups enabled youth to share their feelings with peers who may have been facing similar problems. The object of the counseling group was to give the youth an opportunity to problem solve, explore feelings, share the commonality of their experience and to have a safe atmosphere conducive to ventilating feelings. This service proved to be effective in that it provided feedback to youth from their peers on their problem solving approaches. In addition, the groups provided an opportunity for youth to experience positive non-destructive confrontation.

Indirect Services

The AMP at YIN was involved in five indirect services, which included:

- Community coordination
- Community organization and development
- Legislative activity
- Professional training and education
- Community education

Community Coordination

Due to mandated reporting laws on child abuse and neglect and subsequent investigative processes, more than one agency was involved in providing services to maltreated youth. For this reason, community coordination was especially relevant to the treatment planning of mistreated youths and their families. The AMP stressed the importance of coordinating case plans with DFS and the Juveniie Court since these two agencies were most apt to be involved with the youth. AMP staff ensured that each agency providing services to project clients coordinated information gathering. There could be anywhere from two to six agencies involved in one case: 1) the reporting agency, 2) DFS, 3) YIN, 4) Juvenile Office, 5) police, and 6) psychologist, lawyer, or other professionals engaged in the process.

One strategy employed by the AMP to encourage community coordination was the organization of Community

Forums. AMP staff invited representatives from all service systems (ie; DFS, Juvenile Court, police, schools, mental health agencies, hospitals) to attend the Forums and discuss issues of adolescent abuse/neglect, problems in identification and reporting, gaps in services, and obstacles that interfered with mutual working relationships.

Through the Community Forums, specific obstacles were identified that hindered agency coordination:

- Mandated reporters did not receive feedback regarding the status of their report, and this hampered their willingness to identify in the future.
- No mechanism existed that allowed for ongoing communication between DFS, the Juvenile Office and reporters.
- Agency personnel were unclear about how to document adequately the incidence of abuse/neglect should DFS need information for substantiation of a report, or evidence for a Juvenile Court hearing.
- There was no referral network, and agencies never knew if the client actually followed through with a referral.
- Each agency's confidentiality policies limited their ability to share information.

The difficulties of inter-agency communication were partially mitigated by the free interchange of ideas and concerns at the Community Forums. Agency representatives became aware of the function of each discipline involved with abused/neglected youth. This awareness dissipated assumptions that each agency had maintained about one another. Clarification of how information could be shared, and resources each agency had available for maltreated youth resulted in increased cooperative efforts.

AMP staff used the opportunity of the Community Forums to generate interest in the Project's services. Staff expressed their commitment to coordinating services and their willingness to work cooperatively with all segments of the service network.

Community Organization and Development

The two primary goals of community organization and development were to: 1) Improve services to abused/neglected youth through assessing training needs of agencies in the community and developing seminars. 2) Providing consultation to agencies in developing policies and procedures on reporting and responding to the problems of abuse/neglected youth.

A mail survey was used to implement an assessment of the training needs within various agencies represented at the Community Forums. From this data, AMP staff were able to devise the format of the Educational Seminars.

The AMP Family Specialist became involved in the St. Charles Family Stress Council. This body of people was committed to increasing the community's awareness and understanding of the problem of abuse/neglect. Regular involvement with the Council allowed the AMP to stress the importance of including the needs of maltreated adolescents in the slide show developed for mandated reporters. A previous slide show was modified to include pictures of adolescents to emphasize that older youth were also victims of abuse and neglect. Consultation endeavors resulted in an internal memo being issued throughout the St. Charles Police Department clarifying police responsibilities and procedures for taking 24 hour protective custody of youth perceived to be in danger of abuse or neglect. In addition, a formal policy was developed by the St. Charles City School Superintendent's Office clarifying teachers' roles in reporting child abuse and neglect, and an implicit statement to report.

Legislative Activity

The AMP staff monitored legislation on abuse and neglect and worked to rectify statutory problems facing the provision of services to maltreated adolescents. For example, in the State of Missouri, a youth is protected under the Child Abuse Law until his/her eighteenth birthday. The Juvenile Court only serves youth until their seventeenth birthday. The seventeen year old abused/neglected adolescent does not have a full range of options available since the court will not assume custody to enable out of the home placement. This issue was brought to the attention of an advocacy network, the Missouri Child Care Association, which agreed to request that legislators submit a revised law extending the Court's coverage in abuse/neglect cases.

Professional Training and Education

This service provided information, resources and training around specific topic areas of adolescent abuse. The goal of this service was to develop a multidisciplinary training team which would provide training and materials for various professional populations in the St. Charles area who needed information around prevalent issues of adolescent abuse/neglect.

The team consisted of staff from the AMP, DFS, the Juvenile Office, St. Joseph Hospital and a police officer. Training programs were developed according to the needs of each target group of professionals. Educational Seminars were delivered to counselors and administrators of the five school districts in St. Charles County, to officers through the St. Charles Police Academy, the Pediatrics Committee of St. Joseph Hospital, Juvenile Officers and staff from the mental health service system. The training focused on developing an awareness of the problems of maltreated adolescents, identification of symptoms which might indicate maltreatment, and reporting requirements and procedures specific to each professional and agency orientation.

Community Education

Through community education efforts, the AMP hoped to heighten recognition that adolescents can be abused or neglected, familiarize citizens with reporting procedures, and increase citizen knowledge in identifying signs of abuse/neglect in adolescents. Staff contributed to the effort by writing articles on adolescent abuse/neglect for local newspapers and the YIN Newsletter. Speaking engagements were held for local civic groups, churches, secondary schools and colleges. Staff participated in radio interviews, and responded to invitations to appear on television talk shows.

Relationships Among Direct and Indirect Services

Indirect services assisted in heightening the community's awareness of the abuse/neglect problem. By expanding the realm of services to include the community as a whole, opportunities were created to influence the community's perceptions of the needs of mistreated youth. High visibility of the AMP elevated the number of referrals for direct client services. The combination of direct and indirect approaches broadened the impact of the project on the community.

Community Linkages

Since 80% of the Project's clients were receiving services from other agencies, it was paramount that AMP staff continually strive for cooperative working relationships. The two major agencies targeted when building community linkages were the DFS and the Juvenile Court. AMP staff anticipated that a large portion of the referrals would come through these offices, and felt that an optimal, productive relationship would be in the best interest of the maltreated youth. Collaboration among the agencies minimized duplication of efforts, and fostered the continuity of services to the clients. As a result of investing time in building these linkages, the AMP became a primary source for maltreated adolescents in the St. Charles County area.

Community linkages were established with other systems such as schools, police, and mental health agencies that interface with adolescents. The creation of these community linkages improved the quality of service delivery to maltreated youth by enhancing the performance of each institution involved in the network. Networking strategies incorporated the AMP into the established social service delivery system. By joining this system, the AMP staff was able to effectively advocate for maltreated youth and become an additional referral source for the community.

Implementation Issues

Internal

The initiation of the AMP into the overall agency structure of YIN went smoothly. The services provided by the AMP were based on knowledge derived from experience in working with maltreated adolescents; these services complemented current services. Staff readily accepted the addition of new personnel, were cooperative in setting up necessary internal mechanisms to screen for abuse/neglect and were willing to engage in specialized training. The initial concern of NCCAN for the AMP at YIN was making a clear distinction between the subpopulation of maltreated adolescents and the population served by the agency. YIN staff felt that this problem had been artificially created through an initial misunderstanding. YIN staff was aware that many adolescents seeking shelter, information and referral, or crisis intervention had previously been abused or neglected. Initially AMP clients would be difficult to differentiate from YIN's general population of clients. However, after screening, the AMP youth could be managed by the appropriate staff. In many cases, abuse/neglect was not the presenting problem, but after three to five days of supportive counseling this issue surfaced. Once an adolescent revealed the existence of abuse/neglect, he/she would be referred to the AMP for further, more focused counseling around this particular problem. Again, this process was seen as a factor related to multi-problem youth and/or families.

As a result of clarifying these concerns around process, YIN Project staff had a clearer understanding of the differences within the various subgroups of their client population and the various service needs of these youth. Specifically, this process resulted in:

- YIN staff becoming more familiar with the casework process for handling maltreated adolescents, the legal issues surrounding abuse/neglect, and the existing network of other agencies providing support services to maltreated adolescents.
- Better coordination with other agencies in describing the specific service needs of maltreated youth.
- Better service planning within YIN in order to reduce existing service gaps.

This problem could be eliminated in future demonstration projects if a better understanding of the function of the project within it's host agency was clearly articulated prior to actual implementation of the service component.

YIN is licensed by the Missouri Division of Family Services as a child placing agency and therefore staff can recruit and license foster homes. A function of the AMP was to seek four families who could operate foster homes for abused/neglected adolescents. Implementation of this task became a problem when staff realized that few families were willing to provide foster care without monetary reimbursement. AMP staff were then faced with trying to secure funding for foster care placements since money from the NCCAN grant award could not be used for this purpose.

Through meetings with personnel from the Missouri State Department of Social Services and the local DFS, it was determined that YIN homes could be paid if the youth placed in the foster home were in the custody of DFS. This determination dispelled the belief of local DFS workers that payment could only be made to homes licensed by their own office. Consequently, the AMP had to persist in their recruitment efforts of volunteer foster homes for youth not in the custody of DFS. If the natural parents were receptive to services, the AMP staff arranged for them to furnish payment for the care of their adolescent. YIN channeled the money from the natural parents to the AMP foster home.

Since the beginning of the Project, there has been an increasing number of agency and self-referrals to YIN from St. Louis City and County. YIN staff found that the placing or referring agencies from these areas did not take responsibility for the youth placed at YIN. They often left the youth at YIN for extended periods of time and were remiss in execution of their obligations to the young clients or their families. At times, YIN was not able to serve youth from the St. Charles community because the program was filled with St. Louis City and County youth. Resolving problems with agencies from St. Louis County became time consuming and frustrating. YIN staff solved the problem by developing a policy that limited the number of St. Louis City and County youth receiving shelter services at YIN to one at any given time. This policy was approved by YIN's Board of Directors. The exception to the policy was that abuse and neglect self-referrals from St. Louis City and County were provided shelter regardless of whether the St. Louis City and County "slot" was occupied, provided there was a bed available in the residence.

As the project developed, YIN staff received more referrals and a subsequent increase in caseload due to greater visibility and credibility with the other service agencies and the community. To meet the increased demands placed on AMP staff, volunteers were trained to deal with crisis calls from AMP clients. AMP staff developed written policies and procedures on 1) reporting suspected abuse/neglect to the State hotline, 2) engaging police and juvenile officers in the process of 24 hour protective custody, 3) documenting the interactions with the family, adolescent, and/or intervening officer. These policies and procedures were used as guidelines by volunteer staff so they could effectively respond to abuse/neglect intakes when AMP staff were not available. The program hired a half-time counselor to treat abuse and neglect clients. Student interns were recruited specifically for the AMP, instead of recruiting for interns for general placement at the YIN agency. Increasing the capabilities of volunteer staff and utilizing student interns helped alleviate the stress that accompanies high caseloads.

External

There was a favorable response to the use of Community Forums for clarifying roles and responsibilities. St. Charles agencies and institutions viewed the Forums as a way to alleviate problems in communication which hamper an effective networking system. Additionally, the forums have proven to be a practical means of educating professionals about the problem of adolescent abuse/neglect, identification indicators, the Missouri State Reporting Law and the AMP services. The attendance of key agency and institution representatives at the Community Forums facilitated the implementation of Project services. Referrals were generated once the community agencies were enlightened to the adolescent abuse/neglect problem, and YIN's interest in serving these youth.

Operational Issues

Internal

As stated previously, the AMP staff remained relatively consistent throughout the duration of the Project. Changes in the areas of responsibility for each staff person involved in the Project did not disrupt the delivery of services to the clients.

One operational problem was brought to light in the process of serving maltreated youth in the YIN shelter facility. Often the maltreated youth who resided at YIN House were in transition and were awaiting placement at another alternative setting. Due to Federal guidelines of the primary funding source for the shelter operation, clients were limited to a two week stay in residence. Frequently this requirement conflicted with the needs of maltreated adolescents as placement procedures for other agencies exceeded two weeks. This organizational problem was dealt with in two ways. First, adequate documentation was provided in the client's file which indicated the reasons for the extended stay. This satisfied the criteria set by the shelter's primary funding source. Second, youth were placed in AMP foster homes while awaiting future placement. Both of these strategies helped to curb the conflict between the needs of the AMP and the mandates set by the host agency's funding sources and the source's program guidelines. Also, since the DFS was willing to utilize the YIN identified foster homes for those AMP youth in custody of their office, it became necessary to develop policies that defined each agency's role and responsibilities in the placement process. Policy development was a direct result of negotiation between AMP staff and the DFS County Supervisor. The use of the policies reduced conflict between workers as each office was clear about their relationship to the youth, the foster care family and to one another. Finally, as noted in implementation

issues, the AMP experienced difficulty in the recruitment of foster homes. This frustrating experience was exacerbated when three of the four licensed homes relocated out of the St. Charles area.

External

Our pioneering efforts in community education and networking were well received by the St. Charles' agencies. Operational problems were encountered when staff turnover occurred in key agencies or institutions involved in the abuse/neglect system. Additional time and energy needed to be expended on initiating working relationships with new workers, familiarizing the workers with AMP services, and clarifying their role and responsibility regarding abuse/neglect cases. This experience made the AMP staff more aware of the continuous need for education, training and linkage building with other programs. Staff saw this problem as endemic to the social service system and therefore unavoidable.

Future Directions

Since the services and the staff of the AMP were so fully integrated into the overall structure of YIN, the benefits of the Project remained intact after NCCAN funding expired. Relationships that were developed with community agencies involved in the abuse/neglect system will continue to be nurtured. Reduced availability of staff time will result in less energy being spent on community education and training for professionals, though these activities will continue on a limited basis.

The direct treatment services of the project will continue to be provided at the same level. Title XX contracts have been secured for shelter care and counseling services. In addition, St. Charles County Juvenile Court has contracted with YIN for placement of adolescents in YIN foster homes. YIN will continue to utilize the model of combining agency coordination and networking with treatment services as a way to effectively serve the population of abused/neglected adolescents.

Advantages and Disadvantages of the Project Setting

Multi-service youth programs possess inherent advantages over single service agencies in delivering services to maltreated youth. As a multi-service youth agency, YIN serves adolescents with a broad range of problems. Services are not limited to youth with a specific type of problem such as teenage pregnancy, or a drug abuse problem. YIN is able to serve any adolescent seeking help, regardless of the nature of the presenting problem. This broad base approach diffuses the "stigma" that might have been attached to seeking services at a single service agency where a youth's problem is readily identified by the mission of the agency providing the service. An adolescent could have been coming to YIN for a variety of reasons. Accordingly, the agency attracts a large segment of the adolescent population who, when evaluated, might indicate abuse/neglect.

Since YIN was already established in the community, the process of starting specialized services for a subpopulation was simplified. Complimentary services were directly provided defraying the cost of the AMP and easing the manageability of casework. The youth did not have to be referred to other agencies to receive additional services such as shelter and educational seminars.

Since YIN serves an adolescent population, youth often independently referred themselves to the project. Many times, the AMP was the first contact a youth would have with the mental health system. Because of this phenomena, a large part of the AMP's role was that of initial evaluation and assessment. It was during this process that AMP staff often identified the occurrence of abuse or neglect within the family.

As mandated reporters of suspicioned abuse/neglect, AMP staff were often the complaintant to the State abuse/neglect hotline. This was sometimes perceived as an alienating act by the parents and impeded their willingness to receive services through the AMP. Those parents viewed reporting as an intrusion into their parental rights, considered the agency to have sided with the youth and were reluctant to engage in family treatment. The AMP had to overcome the parents' resistance to services in order to develop a therapeutic relationship with the entire family.

Youth in Need Adolescent Maltreatment Project
Suggested Reading List

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Chapter VI
Diogenes Adolescent Maltreatment Project Sacramento, California

Penny S. Cumming, M.S.
and
Lynette Towers, M.A.

Community Context

Diogenes Youth Services (DYS) operates multi-service centers for troubled youth and their families in adjacent Sacramento and Yolo Counties, in addition to statewide youthful offender re-entry programs and networking and training activities throughout a four-state area, including California, Nevada, Arizona and Hawaii.

The Adolescent Maltreatment Project (AMP) operates out of Diogenes Youth Services's Sacramento Youth and Family Services Center (SYFSC), serving youth and families from throughout Sacramento County. The SYFSC is located in a residential neighborhood in an unincorporated area near the center of the County.

According to the 1980 census, Sacramento County has a population of 783,381. Over 21% of the population are ethnic minorities including 9% Hispanics, 7% Blacks, and 5% Asians. About 90% of the County's population is concentrated in one continuous urban area including the City of Sacramento (population 275,741). The remainder of the County's population is scattered among farms and small communities including the cities of Folsom (population 11,003) and Galt (population 5,514). Sacramento is both the County seat and the California State Capital. The area economy is dominated by government with over 40% of the work force employed by public agencies. There are three military bases and two aerospace installations in the County. There are 17 school districts, three city colleges and one State university. Approximately one-third of the population is under the age of 18 including 89,000 youth in the primary target groups of ages 12 through 17. Sacramento is one of the fastest growing urban areas in Northern California, experiencing a 24% population increase during the 1970's. The rapid growth accompanied by a new trend in reduction of the government sector of the economy is creating substantial instability in the community and in many of its basic institutions.

History and Development

DYS was founded in Davis, California in the late 1960's. Initial services, a 24-hour crisis counseling center and hotline, evolved as a result of community concern for youth experiencing drug-related problems. As experience with these and other troubled youth increased, a realization of the complexities of the problems facing them also increased. It became clear that youth services needed to expand if we were to truly meet the needs of the population. In 1975, funds received from the Office of Youth Development enabled DYS to open its first "runaway center" in Davis. As referrals from adjacent Sacramento County increased, a need for similar services in that County became evident and Federal funding was also obtained to establish a similar youth and family services center, including shelter, in Sacramento in 1977. In that year, six programmatic goals were established, for both centers, designed to provide focus as well as a basis for specific objectives by which to evaluate the success of services. These are as follows:

- To alleviate the immediate problems of runaways or otherwise homeless youth.
- To reunite youth with their families and to encourage the resolution of intra-family problems.
- To strengthen family relationships and encourage stable living conditions.
- To help youth decide upon a future course of action.
- To prevent youth from fleeing their family homes in times of personal, inter-personal or family conflicts.
- To prevent the entry of runaways and otherwise homeless youth into the juvenile justice systems.

Services developed to meet these goals included 24 hour hotline and crisis intervention capability, information and referral services, temporary shelter for youth ages 12-17 years, individual, group and family counseling, aftercare, follow-up, and educational and parenting skills workshops.

As staff began working with this population of youth, most of whom were designated as "runaways," several issues began to emerge. For one, it became clear that running away was often the youth's response to an intolerable family situation and, in fact, the youth was asking for help. Another emerging factor, was that, in approximately 40-50% of cases, the intolerable family situation involved some form of abuse or neglect. The successful resolution of these cases, i.e., meeting the established programmatic goals, created some difficulties. The length of time required for successful therapeutic intervention with these families was considerably longer than that designated for "crisis intervention," i.e., one to six family sessions. Also, returning the youth to their initial family setting was not always in the youth's best interests. Alternative placements, in many cases, involved establishing linkages with child welfare services in the public sector. Another emerging issue involved the legal requirements for reporting abuse and neglect. A conflict emerged around protecting the youth's best interests while meeting our legal obligations. Again, it became clear that linkages and agreements with Child Protective Services (CPS) and law enforcement needed to be established if DYS was to provide positive intervention and advocacy.

Because of the agency's growing recognition of the special needs and services for this sub-population of our clientele, i.e., maltreated adolescents, a demonstration grant was sought from the National Center on Child Abuse and Neglect (NCCAN) and awarded in the Fall of 1978. The primary goal in implementing the Project was to develop specific programs to meet the special needs of maltreated adolescents. While the six programmatic goals were still of primary importance for all clients served by the SYFSC, specific needs and goals were identified. Essentially, longer term family counseling and aftercare support services, established linkages and agreement with child welfare agencies to coordinate services so as to effectively maintain a youth advocacy position, and community education regarding issues surrounding adolescent maltreatment needed to be developed.

Project Affiliations

Diogenes Youth Services (DYS) is a private, not-for-profit organization whose purpose is "advocating social, economic and legal options and resources, and providing services to effect improvement and fulfillment for youth, their families, and communities." Currently, DYS operates three types of programs: youth and family services centers, youthful offender re-entry group homes and services and networking and training activities throughout four States. DYS' annual budget is approximately $700,000.

The National Network of Runaway Youth Services (NNRYS)/NCCAN funded Adolescent Maltreatment Project (AMP) was implemented in December of 1978, and quickly became an integral yet distinct component of the SYFSC. The SYSFC is a multi-service center which functions as a community-based agency and is administered by DYS. The SYFSC became operationalized in January 1977.

It should be noted that at the time of the implementation of the AMP, DYS' overall budget was $400,000 and its core service programs were the SYFSC and the Yolo Youth and Family Crisis Center, which was the initial DYS "runaway center" model located in Davis, California. DYS administrative offices were also located in the adjacent Yolo County.

The AMP was funded at $27,500 for the first six months of operation and at approximately $55,000 for the following 18 months. Thereafter, annual funding was at the level of approximately $75,000. In January of 1981, per diem agreement was developed with the Department of Social Welfare which generated approximately $16,000 annually. SYFSC services funded by the Administration for Children, Youth and Families/Youth Development Bureau, Sacramento County Justice System Subvention Funds (AB 90), United Way and volunteer time/in-kind contributions, bolstered the marginal funding level of the AMP by funding the complementary and ancillary services needed by many of the Center's maltreated clients.

Organizational Structure and Staffing
(See organizational chart)

The SYFSC, the program within which the AMP operated, consisted of a Program Director, two Program Coordinators, two Caseworkers, four Youth Workers, one Office Manager, and a part-time clerical aide. The Program Director was responsible to the Executive Director, whose office was within the central Diogenes Business Office, then located in Davis, California, for the operation and development of the SYFSC and AMP. The Executive Director reported directly to the Board of Directors. This body, comprised of 21 members, was ultimately responsible under California law for all programs within Diogenes Youth Services, Inc. The members were recruited from throughout Sacramento and Yolo Counties, and included at any given time, police officers, social workers, parents of teenage youth, representatives from the volunteer staff of the Sacramento and Yolo County programs, youth under 18 years old, individuals from third world ethnic groups, State Budget Analysts, High School Counselors and City Superintendents. The Board met monthly, rotating between Sacramento and Yolo County. It's function regarding all programs included setting corporate policy, approving all new or significantly modified program activities, considering recommendations from the Executive Director, supervising the Executive Director in the performance of his duties, acting as staff appeal body, undertaking various community relations and benefit activities, approving all funding proposals and contracts, approving annual budgets and

all types of personnel compensation and any modifications in either, acting as advocate in the community and generally providing advice, input and guidance into the organization's decision-making process.

Project Management

At AMP implementation, the SYFSC staffing consisted of a Program Director, two Program Coordinators /Caseworkers, three Youth Workers (residential staff) and a Secretary. AMP funded staff included an Adolescent Maltreatment Specialist and portions of the Program Director and administrative support staff salaries. As the AMP caseload increased substantially, it became necessary to increase the casework staffing to the project by one position and to modify the "specialist" position to that of the AMP Coordinator, thereby ensuring adequate assignment of the Coordinator to the development of service linkages, foster home development, and community education activities while continuing to provide an appropriate level of casework services.

In the Spring of 1978, a series of program development meetings were held to assess the interfacing of the AMP with the SYFSC, to clarify roles and expectations and to refine criteria for the selection of AMP clients. Subsequently, the roles of key positions, the two Program Coordinators, were clarified. The AMP Coordinator was responsible to the Program Director for the supervising of casework services for all AMP clients, supervision of the AMP Caseworker and Interns, development and supervision of the foster home component, and community education and coordination of services; The Crisis Resolution Program Coordinator was responsible to the Program Director for the supervision of all casework services to adolescents not identified as maltreated, supervision of the Crisis Resolution Program Caseworker and Interns, development and supervision of the adult and peer volunteer components, and supervision of SETA funded projects; three Youth Workers and one Supervising Youth Worker were responsible for overseeing shelter operations, including meal preparation, facility maintenance, conducting intake interviews and youth group counseling sessions, and supervising recreational activities. Close communication between casework and shelter staff was crucial to the maintenance of coordinated services to sheltered youth.

The adoption and implementation of this staffing model resolved the issue of how to delineate and define services to a specific sub-population, i.e., maltreated adolescents, while still utilizing the skills and experience of current staff. Through weekly case management meetings, attended by both Program Coordinators, both Caseworkers and at least one Youth Worker, a free flow of information was exchanged around individual case plans and problems. In many cases, as a result of this interchange, clients would be identified as appropriate for maltreatment program services that had not initially been so identified. In these instances, the AMP Caseworker would take the case for more focused counseling around this issue.

Resources and Allocation

As a result of participating in a two week Resource Allocation Study conducted December 15, 1979, by the Urban and Rural Systems Associates (URSA), subcontractor to Berkeley Planning Associates (BPA) for the evaluation of the Adolescent Maltreatment Projects, information was collected regarding AMP staff and client allocation of time and services. Averaging the participants to represent the basic characteristics of the Project's staff resulted in a total of ten persons who comprised the administrative, service providing and counsulting staff of the Project. Of these, six were fulltime staff, four part-time, eight were paid staff and two unpaid. Their educational backgrounds were distributed as follows: 0% held a doctoral degree (M.D., Ph.D., D.S.W., etc.); 30% held a graduate or postgraduate degree (B.A., B.S., M.A., M.S.W. or R.N.); 0% received "some" college training; and 29% had completed high school or had some other non-college training.

In an average week, the staff expended a combined total 462 hours delivering the Project's services (direct client services, indirect client services and support activities). The shelter component represented the single greatest expenditure of time for all three services. Caseload average, representing the average number of reported in-service over three semi-annual reporting periods, was 15 families, comprised of 16 adults, 20 adolescents and one child. The average length of time a case was in service was 15 weeks.

Client Characteristics

Definition of Client

Clients of the SYFSC were broadly defined as any youth, particularly runaway and homeless youth, between 12 and 17 years, in need of services, as well as their families. The youth and their families became clients after the intake process was completed. Youth who became AMP clients met one of two additional criteria:

- Abuse or neglect was claimed by the youth or suspected by the AMP caseworker.
- Past abuse or neglect was still affecting the youth.

Description of Client Population

The client populations of both the SYSFC and the AMP were primarily white, representing an upper lower class to lower middle class socioeconomic strata. The ethnicity of youth served occurred at approximately the same levels as the population of the Sacramento community (83% were

Caucasian, 7% were Black, and 3% were other). Ninety percent were Sacramento County residents, of whom 53% were City of Sacramento residents. However, the percentage of minority youth served during the last six months of 1981 averaged 25%. During the term of the Project, increasing numbers of recombined and single families were served.

Needs of AMP Client Population

The needs of maltreated adolescents in the community included the following:

- Assistance in identifying problems, determining assistance needs and seeking alternative action.
- Advocacy to ensure the youth's interests were considered by those involved in his/her case plan.
- For some, a "safe" environment to temporarily get away from pressures of peers, school and maltreaters.
- Assistance in working with the families to prevent further incidence of maltreatment within the family.
- Alternatives to entry into the foster care system.

Type of Maltreatment

Disclosure of maltreatment by adolescents at the time of intake frequently included the disclosure of more than one type of abuse or neglect. Typical disclosures could include one or more of the following:

- Physical abuse - slapping, punching in the face, being thrown against the wall or floor.
- Sexual abuse - propositioning, sexual activity from fondling to intercourse.
- Emotional abuse - verbal harrassment and denigration, scapegoating.
- Neglect - refusal to provide care, pushed out.

Usually the maltreatment had not been previously reported and there had been no previous contact with other agencies regarding maltreatment. For those clients who had been involved in long term out-of-home care, a fifth type of abuse was occasionally noted. AMP staff noted that these clients had failed to receive needed psychiatric care or supportive therapy, which resulted in frequent "placement failures" and increasing acting out behavior. Even though the abusive situation within the family might have ceased several years earlier, the client was still being abused by the "system."

Contributing Factors Relating to Maltreatment Situation

The families of maltreated youth frequently shared common characteristics. Some of the factors perceived as contributors to adolescent maltreatment included the following:

- Parents were victims of maltreatment as children or adolescents.
- Developmental crisis had occurred for either the adolescent, parents, or both.
- The parents' marital relationship was poor or undergoing changes (i.e., divorce or living with a new partner).
- Long standing crisis (i.e., unemployment, chronic illness) had been present in the home.
- Unresolved issues regarding adoption were present.
- Authoritarian families often had difficulties in drawing distinctions between discipline and abuse/neglect.

Treatment Needs

Generally, the maltreated adolescent client and other family members were seen as needing:

- Problem solving skills.
- Communication skills.
- Development of impulse control and subsequent functional defense mechanisms.
- Therapeutic family interaction to aid in development of corrective relationship experiences and trust among family members.

The intensity and duration of needed treatment of AMP clients was greater than other clients of the SYFSC. Maltreated youth often required daily contact and close supervision to prevent acting out. Often their families had disengaged and were reluctant to participate in case plan development.

Case Management

Needs Assessment

Potential clients or other interested parties usually called the 24 hour hotline for information or counseling regarding maltreatment situations. Immediate crisis intervention counseling was provided and the youth was encouraged to come in for further services. The hotline worker usually made an appointment for an intake interview within the hour. Pertinent information was given to the intake worker who would be conducting the needs assessment counseling session.

The intake process was two-fold. Initially, the client was often in crisis and needed support and trust-building before a practical look at presenting problems could occur. If the client disclosed maltreatment during the intensive interview, AMP staff were notified so that they could be available for consultation. By the time the intake process was completed a comprehensive picture had emerged. Documentation

covered: presenting problems, client's view of family dynamics, general social history and basic statistical information, client's goals and needs, client's decisions regarding request for services, as well as specific statements by the client or staff concerning observations of abuse or neglect. At this point, if abuse or neglect appeared to be a significant factor in the youth's life (including past abuse that was not longer occurring), the AMP staff would consider designating the client as eligible for AMP services. Family involvement was not a requirement.

If there was physical evidence of abuse or neglect or the client stated that sexual abuse had occurred, the client was informed of the agency's mandate to report to either Children's Protective Services (CPS) or law enforcement. This information could be very anxiety producing for the client, so every effort was made to allow the client to make a decision as to how he/she wanted to respond to the agency receiving the report.

Client options ranged from refusing to talk to requesting protective custody and court involvement. Clients received information and counseling regarding the consequences of any particular response to reporting. The AMP caseworker then phoned in a report to the appropriate agency, followed by a written report. The client was supported throughout subsequent interviews by outside agencies.

In addition to those who did not request shelter as part of the services desired, there were youth who were found to be inappropriate for shelter due to drug or alcohol dependence or psychoses. These youth were referred to appropriate resources. If maltreatment was documented or suspected for these clients, a report was filed with CPS by the AMP caseworker. These youth could receive AMP services if continued support was deemed appropriate by all agencies involved in providing services.

A contract for services was then agreed upon. For those clients who did not request shelter (they had other alternatives or decided they could protect themselves adequately), arrangements were made for further contact before they left the Center. Clients who requested shelter agreed to participate in counseling services, and had permission of their legal guardian (parent or social worker, if appropriate) to be sheltered or were placed in protective custody.

Shelter was the only service that required guardian consent. Those clients who were reluctant to obtain consent for services and were considered to be endangered because of maltreatment, could receive needed services without consent, in accordance with California law AB 657. Clients who feared exposure were made aware of this protection if they expressed reluctance for further services.

Case Plan Development

The case plan was developed by the AMP caseworker and SYFSC staff, the client and the client's family, and any other involved agencies. Through the initial counseling sessions and contact with involved parties the needs and goals were clarified further. Diogenes, as an agency, as well as the AMP, prefer to avoid diagnostic labels and focus instead on factors such as:

- Youth goals, (i.e., patterns of behavior, level of self-esteem), involvement (i.e., desire for services, commitment to counseling).
- Family goals, dynamics (ie., patterns of interaction, family constellation), involvement (i.e., commitment to counseling or other services, geographic proximity).
- Other agency involvement and mandates.
- Severity, duration and type of maltreatment in the development of treatment and case plans.

AMP staff found that case plans, while extremely individualized, tended to fall into general categories:

- Clients who were already dependents because of past abuse/neglect and were acting out in placements.
- Clients who had been placed in protective custody at the shelter pending investigation.
- Clients who had families who were involved in receiving services.
- Clients who had no family involvement and court involvement had not occurred.

The informal process of developing, assessing and modifying case plans was a daily on-going occurrence. Additionally, a two-part formal case management process was conducted. All SYFSC cases including AMP cases, were staffed by a team of supervisors, caseworkers, shelter and intern staff. This team met weekly to develop and review case plans for all clients. Intervention strategies, advocacy and case coordination responsibilities were delineated during these weekly meetings.

Also occurring weekly for shelter clients was an open staffing which included staff and residents. Each resident had the responsibility of presenting his/her case. This allowed the client to disclose only information that he/she wanted generally known.

This staffing included a general discussion of their situations, adjustment to the shelter and case plans. Youth had the option of not reviewing their case in an open staffing, but in most instances the process was viewed as an opportunity for youth to develop life planning and decision making skills. The results of the open staffing were part of the staff review held later the same day. The case plan included a contract with the client which identified personal behavioral goals, counseling services, shelter duration and behavior, and involvement of other agencies in the provision of services.

For those cases where the complexity of the case prevented an appropriate case plan from being effectively implemented, the AMP caseworker sought consultation with the Child Abuse Services Council's multi-disciplinary team (MDT) for input into case plans. The AMP caseworker was a member of the MDT, which was comprised of public and private professionals of the abuse and neglect system. The MDT met to review difficult cases.

Treatment Process

Treatment plans usually covered immediate crisis resolution goals (one day to two weeks) and longer term goals which could take a minimum of six to twelve weeks to achieve. When the project was originally conceived, twelve weeks was estimated as the time required for services. It was found that while this was true for some clients, others required a longer duration for services. Factors which affected the length of treatment were the severity of the case, the commitment of the client's family to treatment, the stage of the case within the formal reporting process, and whether treatment was mandated by the court.

While there was no prescribed order of services, it was found that most youth were in need of intensive support which was met through shelter and daily individual counseling. The shelter program played a key role in stabilizing youth in crisis. This was a particularly essential service for clients who had little or no family involvement and were feeling the rejection of their families strongly.

Since many of the youth were involved in the court investigation of maltreatment, the project played a major, and many times contradictory, role in supporting the youth as well as the family. In some instances, the actual provision of conjoint family counseling was delayed several months. Family counseling occurred on a weekly basis for most families.

For those families in need of long term support, the family support, the Family Support Group provided a safe atmosphere to work on issues that the family found too threatening to confront on their own. Youth and parent groups were conducted separately yet simultaneously, for a period of up to one year. Communication and problem-solving skills workshops were also offered to families when maltreatment erupted after a break-down in the communication process.

Clients who had no family involvement, either because of court ordered dependency or whose parents were resistant to involvement, were identified as particularly in need of advocacy services, assistance with identification of options and goals, attention to anger at lack of family involvement and assistance in developing coping skills to handle out-of-home living. Any client without family involvement with the agency was viewed as a future high risk for being an abusing parent. Youth received assistance in confronting their own fears regarding their future roles as parents.

Sexually abused clients frequently were referred to a local diversion program for molest families, the Sacramento Child Sexual Abuse Treatment Program (SCSATP). If the family was ineligible for SCSATP's program, court intervention usually placed the youth out of the home. As a result, long term goals regarding the molest were usually handled by the Department of Social Welfare.

Throughout the treatment process, the AMP caseworker worked with the client, the client's family and other agencies in the coordination and provision of services. If conjoint family counseling was not currently possible, the caseworker maintained contact with the parents by telephone, at a minimum, regarding on-going and emerging issues.

Termination

There were three levels of termination from the AMP: shelter termination, termination of counseling services and project termination. Shelter termination occurred when a client left the Diogenes shelter program (shelter, foster home) and returned home or to an alternative placement not administered by Diogenes. Termination from counseling occurred when the client (youth and/or family) no longer received or accepted counseling services provided by the AMP. Program termination occurred when the second follow-up call was made and no further services were desired.

Clients terminated when there was a mutual decision by the caseworker and client that the needs or problems had been resolved, when clients verbally refused to receive mutually agreed upon services or did not show up for appointments. Rarely did clients simply drop out of the program, but those that did usually were non-sheltered clients who feared that their parents would learn of the decision to receive services. Support systems were identified for clients who were still considered to be a high risk. All clients were reassured that further services were available whenever needed.

Follow-up

Two follow-up calls were made to clients after counseling services were terminated, one two weeks later and another six weeks after that. The AMP caseworker contacted the client to determine whether further services were needed and/or wanted, to provide support to the client and to determine if the case could be closed. It was found that AMP clients more than other clients, requested additional services. Only after the client clearly no longer needed or desired services did Project termination occur.

Services and Treatment Approaches

Service Philosophy

The Project's overall service philosophy with regard to maltreated adolescents was as follows:

- SYFSC believed that it was extremely important to encourage youth and their families to work together to jointly determine the best course of action to facilitate positive future relations.
- SYFSC believed that cases involving maltreated adolescents created difficulties with regard to reuniting families. They also believed that the longer a youth was away from home, the higher the risk for achieving long-term resolution.
- SYFSC believed that for those youth who were unable to reunite with their own families, special concern and support was needed to enable them to reach maturity successfully.
- SYFSC believed that youth needed assistance in resolving their feelings of anger and victimization in order to stop the inter-generational cycle of abuse/neglect.

The Project believed that the subpopulation differs from the mainstream population and had seen these differences manifested in the following ways:

- Maltreated adolescents required shelter services much longer than the mainstream population.
- Maltreated adolescents had multiservice needs and coordination of services was essential.

Theoretical Model

Without intervention into the family system, maltreated adolescents who returned home or who remained in the home, after the immediate crisis had abated, were still considered to be at high risk for further maltreatment. Even if the youth did not return home, other children could become targets for maltreatment if intervention was not made within the family.

In order to prevent further identification of the victim as the problem, a family systems approach served to focus the family on how the dynamics of each individual, as well as the family unit, perpetuated the problems and stresses that precipitated the maltreatment. Because each family member was viewed as having responsibility for working to resolve problems, there was an increased willingness to look at factors that affected them. Some factors included: developmental issues, unhealthy role alliances, stresses from outside the family and dormant strengths.

For those clients where returning to their families was not an option (youth who had already been in placement for many years, and youth who could not return home and whose parents rejected involvement), the focus of services was directed at a thorough assessment of client needs, available options and client goals. As these youth did not have the support of their own families, emphasis was placed on helping them to identify positive support systems. Coping and communication skills were offered. The shelter treatment milieu served to stabilize the youth so that placement options were more likely to be successfully chosen.

Casework, regardless of outcome, depended heavily on the coordination of services both from within the agency and with other agencies involved in determining the youth's best interests. Because of the intensity and complexity of maltreatment cases, staff from all involved agencies needed mutual support from each other to reduce burn-out and to insure future continuity of services.

Direct Services

Each treatment package was individually designed to meet the needs of maltreated youth and could include:

- 24 hour hotline counseling
- Crisis intervention/needs assessment
- Temporary shelter
- Casework coordination
- Individual counseling/therapy
- Family groups:
  —family skills
  —family support
- Referral services
- Ancillary services
  —medical
  —psychological
  —legal
- Short-term foster care

Originally, duration of services was expected to span a three month period, but factors such as court intervention and parental resistance could impede the provision of services. Occasionally, clients received services for up to fifteen months.

Hotline

This service was available 24 hours a day. There was an answering service between midnight and 8:00 a.m. However, all emergencies were forwarded to on-duty shelter staff. The hotline was staffed by crisis intervention volunteers between 9:00 a.m. and midnight. Volunteer and paid staff received intensive training in maltreatment crisis intervention.

The hotline served to enhance the youths's parents' or other interested parties' awareness that help was available. The hotine was presented to the community, and particularly to youth, as a complete resource and referral service of youth-serving agencies. Frequently, youth in crisis called the

hotline as a last resort and immediate crisis intervention counseling was provided. When the youth had been stabilized, explanation of Diogenes services was given and the youth was encouraged to come in for counseling. An attempt was made encourage the youth to take the first step toward change by coming to the agency in person.

Face to Face Crisis Intervention/Needs Assessment

This service was primarily provided at the agency from 9:00 a.m. to 10:00 p.m., but emergency situations were handled whenever there was client need. The purpose of this service was to clarify the immediate feelings, attitudes and needs of the client, identify resources available to meet those needs and to support and assist the client in strengthening coping and decision-making skills.

The process involved obtaining and providing information regarding client wishes or goals with respect to the immediate situation. The issue of the agency's mandate to report maltreatment was discussed and the client received assistance in deciding how he/she wanted to respond. This information served as the foundation for the initial casework plan.

Through this process, maltreated adolescents could develop a sense of personal power to protect themselves as well as make decisions that affected their own lives. The service placed the client in the position of being able to help determine a course of action. By engaging the youth in the decision-making process, the reality testing functions of the client were strengthened. The process also served to promote the developmental process of individuation and to validate the client's personal resources.

Shelter

The shelter provided housing and related services for up to seven clients from both the AMP and the Crisis Resolution Program (CRP). There was 24-hour supervision and support to youth in need of this service. Youth who requested this service had to have had the consent of their legal guardian or be placed in protective custody by law enforcement, and agreed to participate in other services mutually determined as necessary to resolve the current situation.

The shelter itself was perceived as a therapeutic environment which provided protection for the adolescent, appropriate caretaker modeling, the opportunity to build trust with appropriate authority figures and the development of positive peer interaction. While individual support was provided by the shelter staff in conjunction with the client's case plan, there was a strong emphasis on group skill enrichment and problem solving. The youth were responsible for the tasks of maintaining a household. Groups were held daily for planning of household activities and solving interpersonal issues brought out by close living. Additional workshop/educational groups occurred frequently to increase skills in communication and independent living.

The initial shelter contract was three to five days, with renegotiation for additional time based on client needs. The intent was to provide shelter for the time of the immediate crisis while resources within the family could be assessed. Some clients did remain in the shelter until placement.

Casework Coordination

The primary objective of this service was to identify and plan service options for youth and their families to ensure that needed services were not denied to clients without appropriate justification. The service involved several components. They were as follows:

- Advocacy, especially in conjunction with CPS and/or law enforcement, when intervention within the family was essential and a protective placement was necessary for the adolescents.
- Service needs identification through on going assessment of original and emerging client needs for the duration of services.
- Case plan development closely aligned with advocacy services to assure continuity of care.
- Determination of agency involvement through a realistic assessment of agency capabilities and limitations in providing comprehensive services.
- Monitoring of case progress to determine the direction of treatment and other services.

All AMP clients received this service daily or as necessary for the duration of treatment. It was usually provided during business hours, except for emergency advocacy for an adolescent in need of immediate protection and/or medical care.

Individual Counseling/Therapy

Individual counseling occurred once daily on weekdays for sheltered youth and on an as-needed basis for non-sheltered youth and youth in aftercare. This service was usually provided at the SYFSC counseling offices between 10:00 a.m. and 9:00 p.m. and continued for the duration of treatment. The goals of this service included:

- To develop trust in the counselor as a supportive change agent.
- To confront the presenting problems which the individual was experiencing.
- To develop a plan to resolve problems.
- To improve parent-adolescent communication.
- To prepare the individual for family therapy, if appropriate.

A variety of techniques were utilized to bring about the above goals including roleplaying, behavioral contracts, written assignments and in-depth discussion.

Family Counseling/Therapy

This service was provided at the SYFSC counseling offices for families of maltreated adolescents. While conjoint family counseling was the treatment of choice, sometimes parental resistance and court intervention prevented clients from receiving this service. All family members were encouraged to be involved, but staff would work with families even if one or more members declined to participate. Obviously, the effectiveness of this service depended upon the involvement of as many family members as possible. Some family members were more willing to participate if they had the additional support of individual counseling. The goals of family counseling were:

- To improve communication and coping skills.
- To define, confront and resolve problems.
- To confront the issue of maltreatment specifically.
- To provide corrective relationship experiences.
- To improve understanding of family dynamics.
- To develop appropriate strategies for handling family stress.
- To reinforce and develop family strengths and resources.

Conjoint family work proved to be particularly effective with families where maltreatment occurred primarily as a result of stress due to unresolved developmental issues, as well as with families where maltreatment had been a one-time occurrence.

For some youth, the protection of shelter living enabled them to confront more openly the issues in family sessions without fear of retribution and enabled the rebuilding of family trust to commence. When the youth returned home, the continued family work provided an on-going support system while the family acquired new skills.

Family Group Counseling

For some families, the development of support systems, the learning of new communication and coping skills occurred most effectively through the sharing of mutual strengths with others who were experiencing similar problems. Groups provided included:

1) Family Skills Workshop: This service was an eight week communication skills workshop for adolescents and/or their parents, which was conducted four times a year. The youth and parents participated in separate groups, meeting weekly at the same time. The focus was upon effective parenting techniques, problem solving and family communication skills. Periodically during the workshop, the youth and parents would meet together to practice new communication techniques and to share learning experiences.
2) Family Support Groups: For many families, isolation and a sense of loneliness often kept them from seeking help when stress reached critical levels. The purpose of this service was to provide an on-going support to parents and maltreated youth. Trained therapists led the adolescent and parent groups to assist members in building coping skills and developing trust. Confidentiality within each group was maintained so that the group process could become a trusted support system. Attendance in the family support groups continued as long as there was a need. Group members were encouraged to keep in contact and provide support to each other in times of stress.

Referral Services

Whenever possible, the SYFSC provided the full complement of services to clients utilizing the AMP. However, referrals were made for marriage counseling, individual adult therapy, (parent counseling was offered by the AMP to prepare parents for family work), and psychiatric evaluations. Criteria used to refer clients to other agencies involved: the type of client problem, staff discretion, and the client's willingness to accept referral services.

Caseworkers worked closely with the client in the referral process, actively assisting clients in helping them help themselves. Advocacy was particularly important in making referrals as other agency personnel often needed to be "educated" as to what constituted the youth's best interests and the ramifications of inappropriate responses to the client's needs.

Ancillary Services

Maltreated adolescents frequently had multiple service needs. For example, clients in need of medical or dental care, school advocacy, or drug education, were assisted in making appointments, obtaining transportation and meeting personal needs.

Foster Care

A service was designed as an alternative to the SYFSC shelter for those youth who required longer shelter services. Youth in need of longer term family reunification counseling, awaiting placement, or preparing for emancipation were eligible for this service.

Foster parents had 24 hour access to crisis intervention staff, were encouraged to participate in group counseling or educational workshops, were provided foster family counseling when needed, and received specialized training.

Indirect Services

DYS provided the following six non-client, indirect services:

- Evaluation.
- Community coordination.
- Community organization and development.
- Legislative activity.
- Professional training and education.
- Community education.

Evaluation

A client service evaluation instrument was developed by the AMP to determine the impact and quality of service delivery to maltreated youth seen by the AMP. The instrument was completed by both parents and youth at the time of termination. Results from completed evaluation forms for an 18 month period, January 1980 through July 1981, have been compiled. The findings were essentially positive in that parents and youth viewed their experience with Diogenes as having helped to improve understanding between family members. All respondents, parents and youth, said they would refer other families in need to DYS. The evaluation form has been adopted for use by the SYFSC and it is anticipated that information from it will aid in developing effective new services to meet client needs as well as to help monitor our present efforts.

Community Coordination

Through this component, the AMP staff acted as a catalyst in sharing and promoting information about services for maltreated youth within the community. The target of this service was agency administrators and managers who developed policy or have direct responsibility for services to abused adolescents. It was essential to highlight the special problems of adolescent abuse with key decision makers in agencies with statutory responsibility for service to maltreated adolescents.

This service was provided through structured community or agency meetings where AMP staff facilitated and mediated the group process. Staff guided discussions to identify the special problems and service needs of abused adolescents.

As a result of this activity, the Project increased its referrals from service agencies. There was a better flow of information and understanding regarding the abuse/neglect system, and a greater awareness of the limited resources and gaps for services to maltreated adolescents. Additionally, the credibility of and confidence in a community-based organization to provide quality services increased dramatically.

Community Organization and Development

This service sought to improve services to adolescents at all levels of community agencies by orienting staff in community agencies to the specific problems of adolescent abuse and neglect. This was accomplished through AMP staff involvement with the following groups:

- The Sacramento County Children's Commission.
- The Child Abuse Services Council.
- The Advisory Board of the Child Sexual Abuse Services Council.
- The Sacramento County Justice System Advisory Board.
- The Sacramento County Mental Health Children's Interagency Committee.

The specific targets for advocacy and systems change were:

- Children's Protective Services workers.
- Nurses and other medical personnel.
- Mental health service providers.
- Law enforcement officers.

Legislative Activity

The goals of this service were to utilize the legislative process to effect improvement or change in services to adolescents. Activities depended on what legislation was pending and the status of the particular legislation. The Project, through linkages with the California Children, Youth and Family Coalition and the National Network of Runaway and Youth Services, responded to legislation affecting adolescents by providing data and/or testimony. The Project, through the Child Abuse Services Council, responded to specific California abuse legislation, advocating for the needs of adolescents. Specific activity focused on child abuse multi-disciplinary teams and the issue of confidentiality. Legislation was enacted to allow child abuse professionals to discuss cases and to develop case plans jointly.

Professional Training and Education

The purpose of this service was to provide a broader base of understanding of adolescent abuse, to help inform persons working in the field of child abuse and neglect and other professionals of current and emerging issues and to increase appropriate referrals to service providers. The target of this service was professionals in mental health and social services, private practitioners, physicians, school counselors, health and school nurses, program administrators and managers, and law enforcement personnel. The Project provided these services by setting up community meetings and forums, chairing meetings and developing training opportunities.

Community Education

This service, targeted at the general public, sought to:

- Increase awareness of the incidence of adolescent abuse and its dynamics.
- Increase knowledge/understanding in the community of reporting laws regarding abuse and neglect.

This service was particularly helpful in educating the public to differentiate abused adolescents from those labeled incorrigible or status offenders due to runaway behavior. Through community forums and meetings with school counselors, hospital staff, P.T.A.'s, 20/30 clubs and other civic groups, AMP staff provided information on reporting laws, and the special problems of abused adolescents.

Community Linkages

Networking through community coordination, organization and development was essential to the provision of direct services. Interagency development has been integral to the success of direct service interagency linkages. The capability of Diogenes, a community-based organization, to be seen as a vital community resource contributed to the cooperative experience that occurred for staff in their day-to-day work with more traditional agencies in the provision of services to maltreated youth.

The AMP was one component of the SYFSC, one of the two youth and family service programs operated by Diogenes, Inc. The staff of the AMP worked cooperatively with the Crisis Resolution Program to provide services to youth in the Sacramento area. Both components used and supported the shelter program. After some beginning implementation problems, the AMP interfaced smoothly with the other SYFSC components.

The referral process between the AMP and other service agencies became increasingly beneficial for clients. Diogenes developed a reputation for providing appropriate referrals; the AMP focused on appropriate referrals for maltreated youth.

The Diogenes AMP developed both informal direct services and more formal policy linkages with the mandated reporting agencies of CPS and law enforcement. Previously, maltreated clients were removed from SYFSC and placed in protective custody at the Children's Receiving Home (CRH) by law enforcement pending CPS and court investigation. However, since the Fall of 1980, such clients have been able to remain in the SYFSC shelter. The closer working relationship between AMP staff and CPS staff that subsequently developed resulted in a new perception of protective custody for adolescents. The rules and regulations of the CRH regarding protective custody were assumed to be official county mandates, when in fact they were not. The AMP was allowed to develop its own guidelines to protect maltreated clients involved in the court process.

For those clients where maltreatment did not require court referral and the parents were involved, CPS frequently provided consultation to AMP staff. CPS would take the report but upon request of the AMP caseworker, would postpone further investigation. The caseworker agreed to contact CPS to investigate if the family dropped out of treatment while the client was still at high risk.

In the Spring of 1981, the Department of Social Welfare (DSW) negotiated with DYS to provide shelter and counseling services to difficult, acting-out maltreated youth who were unable to adjust to the larger institutional setting of the CRH. DYS stabilized the youth in preparation for placement.

Due to the increasing cooperation between the AMP and the DSW and other mandated agencies, the juvenile and criminal court systems began to recognize the unique services of the AMP. Today, the Project receives referrals directly from the court to provide services, assessment and court-ordered treatment. The AMP staff provide written progress reports on clients involved with court action.

The Sacramento County Probation Department's status offender diversion program, the Neighborhood Alternative Center (NAC), frequently served clients also served by the AMP. On occasion, the AMP caseworker worked with families as co-counselor, along with the NAC probation officer, to break stalemates that the agencies working alone were unable to resolve.

The cooperative atmosphere among agencies working with the Diogenes AMP developed in large part as a result of the leadership roles that project staff maintained within the Sacramento Child Abuse Services Council. The Project gained credibility and respect from the larger formal agencies within the abuse/neglect service system. Through the leadership of Project staff, the local abuse/neglect service system developed an increased awareness and concern for adolescent maltreatment and noticed the AMP's successful treatment model for maltreated youth as well as the AMP's provision of services to youth who have "failed" in other systems. Additional work occurred to develop linkages with the school system and mental health agencies.

Implementation and Operation Issues

As Diogenes began to operate the AMP, it encountered several implementation issues, including staffing issues. Initially only one full time direct service staff person was assigned to the AMP. It quickly became apparent that the size of the Project's workload and the need to organize the community to be more responsive to the adolescent maltreatment problem was too large a task for one person. Therefore, a full time casework counselor was added to the Project's staff through additional NNRYS/NCCAN funds.

Another implementation staffing issue involved the job

title for the Project's staff. The concept of having a position classified as "specialist" with implied higher qualifications for the position created a problem with SYFSC staff. After organizational development conferences with the staff were held, including the new AMP caseworker, it was decided to change the title and duties to Program Coordinator of the AMP. This step eliminated the problem of having "specialist" labels without changing the goal of providing a different level of service to a subpopulation of all the youth served by SYFSC. It also gave the recognition to the internal resources for treating maltreated adolescents that the staff, who also had years of experience in this field, could provide.

Organizationally, implementation issues which arose centered around identifying abused and neglected adolescents from out of the youth population served by SYFSC. Many youths served by SYFSC had family dynamics and needs which appeared to qualify them for services from the AMP. Youth who claimed to be abused without substantiation and/or had been receiving services from many different youth institutions in the community appeared to qualify for services. SYFSC set up an interview process to resolve this identification problem. All SYFSC clients were assessed at intake for maltreatment. If maltreatment was identified, a second interview within 24 hours enabled staff to identify youth who qualified for services. Additional information was obtained in the second interview.

Another implementation issue that arose was the integration of the longer term treatment model of the AMP within the existing crisis resolution model and short term shelter program. Staff accomplished this through modification of the shelter rules to better meet the needs of longer-term clients and the intensive training of shelter staff in working with the maltreated sub-population. A new service, the Family Support Group, was specifically developed to meet the long-term treatment needs of maltreated youth and their families.

Reporting requirements established by State law were briefly of concern initially. A perceived conflict between client confidentiality and mandated reporting was quickly resolved through clarification of procedures and training of staff regarding reporting and the options that youth have within and outside the system.

An implementation issue which took two years to resolve, involved allowing the SYFSC to provide protective custody for youth reported as abused and neglected. During the first two years of the Project's operation, youth reported as abused and neglected had to be taken out of the shelter program and placed in the Children's Receiving Home. Thus, AMP staff were usually not able to provide protective custody.

Because Diogenes considers community organizing and youth advocacy to be a part of its responsibility in serving youth and families, and because abuse and neglect services involve a wide spectrum of youth services in any community, the Project encountered external implementation issues. Therefore, the local child abuse coordinating council was utilized as a resource for improving all services available for abused and neglected adolescents in the community. The CASC and Diogenes co-sponsored two all day conferences on adolescent maltreatment. Additionally, AMP staff participated in meetings with the Sacramento County Children's Commission and the Children's Interagency Placement Committee, and in the State Health and Welfare Master Plan hearing.

As the AMP moved past the initial implementation phase and into the operational phase, new issues arose. Internally, staff turnover was an issue. Three staff members were replaced within the first two years of the Project's operation. This staff turnover created a need for repeated training of new staff and a disruption in the development of program services. The Project did not experience any further turnover during the last 15 months.

No other organizational problems were encountered by the Project. Diogenes had a long standing goal to develop a program for abused and neglected youth and operational designs were in existence in preparation for creation of such a program.

As the SYFSC began to receive court ordered clients, several issues arose regarding the differences in treating diversion cases and treating voluntary cases. Resources were too limited to provide two separate treatment groups yet the initial resistance of the court ordered clients threatened to alienate the voluntary clients. To address this issue, AMP staff carefully assessed the court ordered clients' resistance prior to their participation in group treatment to determine if individual or family counseling would be more appropriate. In addition, any limit setting or contracting that was necessary after the client was accepted into group treatment, was done privately outside of the group. Within a short period of time the supportive nature of the group became enough of an incentive for participation that the initial resistance fell away.

The one issue that was not totally resolved was the implementation and maintenance of the foster care component. Staff turnover particularly affected training to properly coordinate and assist families in becoming licensed and trained. During the phase out of the AMP, the staffing model was modified to give greater emphasis to the foster care component. Four foster homes were licensed.

Advantages and Disadvantages

There are clearly advantages and disadvantages to operating an adolescent maltreatment program within a multi-service, community-based youth program. In general, the advantages outweigh the disadvantages.

A community-based youth program already has the knowledge and experience in working with troubled youth, including maltreated youth. Specifically, staff had developed a service approach that addressed the reasons behind the client's behavior (e.g., sexual abuse, emotional neglect) rather than reacting to the symptoms (acting out, "incorrigible" behaviors). Further, having staff already trained in these areas reduced the amount of time needed to initiate the program. Another time-saving factor was the developmental nature of community-based programs in general. Initiating a new program within an already existing structure is less problematic within a system that has developed a multi-service approach. Further, utilization by the AMP of the already existing services in the program increased cost effectiveness. Youth did not need to be referred to other programs, but instead could take advantage of the services available within the existing crisis resolution program. The shelter program for AMP clients was particularly useful. In many cases, an initial alternative living arrangement is an important element for effective intervention. Since the caseworker working with the youth and/or family is able to maintain daily contact with the youth in the shelter, support, trust-building and stabilization of the precipitating crisis is maximized. In addition, observation of the youth as a result of the 24 hour supervision structure within the shelter provides information to the staff in terms of behavior dynamics which is useful in developing a case plan.

An advantage for community-based youth programs in providing services to maltreated youth is that the admission criteria are broad and not specific to one particular youth population or need. Therefore, youth seeking services from the program do not receive a label from the community automatically by contacting the program. There are a wide array of possible reasons why a youth may be seeking service. Also, since a large segment of the over-all youth population are eligible to receive services from the program (age being the only restriction), the potential is increased for abused and maltreated youth to seek such services. In addition, abuse and neglect are often discovered in a youth's background during the course of providing services to the youth for other reasons. This hidden aspect of maltreatment contributes to the effectiveness of a multi-service provider in uncovering and treating maltreatment.

Many community-based programs, the SYFSC in particular, provide group counseling for parents as well as for youth. Parenting skills, alternative problem solving techniques, communication skills and general supportive counseling within these groups provide abusive parents and maltreated youth with the vital kinds of information and support needed to decrease the potential for further abuse in the present family situation as well as decreasing the potential for a generational pattern of future abuse.

A disadvantage in developing an adolescent maltreatment program within a multi-service program centers around the issue of the program becoming both a reporter of abuse and neglect and a provider of services to families involved in the abuse. Parents can be alienated by a program reporting abuse and neglect and may not be willing to accept services from the same program. They often view abuse and neglect reports as an intrusion on their rights as parents. Also they may view the reporting program as siding with the youth. The program must overcome the parents' resistance to services in order to develop a long-term therapeutic relationship with the entire family.

For a multi-service program which provides crisis services, setting up a long-term treatment program for maltreated adolescents can be confusing to the community served. The community identifies the program as a crisis services program and it requires education and networking efforts to overcome the resistance the community has to utilizing the long-term services added to the overall program. Also, the requirements of funding sources may have to be modified in order to enable the long-term treatment program to operate within a crisis services program.

Project Findings

As a result of participating in the demonstration project, several useful findings were identified. These consisted of the following:

- Community based agencies can maintain an alternative posture, yet work in concert with county systems.
- County systems can be significantly impacted from outside the system.
- There is still a need for continued community education regarding adolescent maltreatment despite increased awareness by agencies of the need for resources for this group.

In terms of future demonstration projects, some suggestions that would facilitate implementation and operational aspects have surfaced:

- Prepare for, and expect a great increase in need for clerical suport; the "paperwork" involved in data collection instruments and data retrieval can be problematic if an efficient system is not worked out and implemented, or if resources are minimal.
- Implementing a "specialist" model within a pre-existing service model can create problems; it is imperative that individual staff roles and the relationship between roles

be clearly defined at the onset. It is ideal if the whole staff can participate in this process so as to improve "buy-in" and intra-staff cooperation, as well as to minimize confusion.

Some suggestions for improving preventive services to maltreated adolescents include:

- Developing a community education training package around "disciplinary" issues vis a vis adolescents.
- Developing parenting classes for adolescents, especially adolescent couples about to become parents.
- Developing support systems for parents within their working setting. This would consist of "lunch hour" meetings to explore areas of parenting and youth problems and provide general support to prevent potential abuse. The goal would be to aid and train parents to set up their own parents-helping-parents programs on the job site.
- Greater utilization of private and volunteer programs.
- Increase the availability of crisis services beyond the hours of 9:00 a.m. and 5:00 p.m.
- Encourage communities to develop a multi-disciplinary team approach.
- Given the expected reductions in future funding, communities should concentrate their efforts and funding through a consortium of agencies, including mandated service providers and community-based organizations, to coordinate a system of services for the maltreated adolescent.

Perhaps the most significant result of the AMP is a clear recognition within and among community agencies, both private and public, that Diogenes Youth Services has the capability to provide comprehensive services to maltreated adolescents. Currently, a referral network has been established with the Juvenile Court, the District Attorney, and the Public Defender's Office, the Sacramento Child Abuse Sexual Abuse Treatment Program and CPS.

Future Directions

Future plans for the SYFSC include implementation and utilization of an emergency short term foster home system. The need for such a system has become evident as the shelter program has operated at full capacity for the past six months and youth in need of out of home placement, either temporary or permanent, have had to be dealt with on a non-sheltered basis. This can be problematic in cases where a "cooling off" period is needed to begin stabilization of the family. It is also difficult to do a thorough assessment of a youth's situation and personal resources unless they are in daily contact with direct service staff. In addition, youth currently in the system as a result of maltreatment who are experiencing difficulty in placement, are referred to the SYFSC by the DSW for temporary between placement shelter. These youth often need an extended period of shelter time before a new placement is found as well as time for casework staff to work with the youth so as to increase the potential for a positive placement. In many cases, a temporary foster home would be appropriate for these youth.

As a result of continuing networking efforts with the court system, it is an expectation that the SYFSC will be a resource for family reconciliation counseling as an alternative to out of home placement for maltreated youth. The shelter program or foster home system can be utilized in these cases for initial assessment and stabilization. Supportive aftercare family counseling can be provided through the Family Support Group and/or individual family sessions as needed.

Recently, Solano County has approached Diogenes with the request that a similar network of services be developed for maltreated youth and status offenders in that County. It should also be noted that DYS has been successful in obtaining funding to continue the AMP.

Chapter VII
Atlantic County Adolescent Maltreatment Project Atlantic City, New Jersey

Sharyl A. Byank, M.S.W.
and
Edward M. Reistetter, M.S.W.

Community Context

Atlantic County is in the southern New Jersey coastal area and includes Atlantic City. In 1976, the County's population was approximately 179,000 with 42,000 persons living in Atlantic City. Current figures place the County's population at 207,000 and Atlantic City's population at 48,000, according to the 1980 census. The County has urban, rural, and suburban areas. Atlantic City, which years ago was one of the choice vacation spots on the East Coast, has decayed significantly during the last several decades. Most of the City's population is poor, and housing is generally old and decaying. The City is approximately 60% Black and 5% Hispanic, with the remainder being White, whereas the County is 80% White. Atlantic County has one of the highest rates of illiteracy, the highest rate of unemployment and the largest percentage of its population on welfare of any county in New Jersey. Historically, Atlantic County is one of the poorest counties in the State.

As most people are aware, Atlantic City is now in the midst of an incredible construction boom, resulting from the legalization of casino gambling. During the 3½ year life (1979 to 1982) of the Atlantic County Adolescent Maltreatment Project (AMP), nine casinos were built and opened. A significant number of buildings have been torn down or are in the process of being torn down to develop services auxiliary to casino gambling. This unregulated growth has resulted in the displacement of significant numbers of poor, Black, and elderly residents of Atlantic City. Atlantic City does not have a comprehensive relocation or urban development plan to deal with the "overnight" development of the City.

It is anticipated that the development of casinos in Atlantic City will continue to create substantial change within the City in terms of the cost of housing, the type of people living in the City, and the influx of new residents. Many local people have been hired for casino-related jobs, primarily as dealers and service staff to the casino. While this has created opportunities for some within Atlantic City and County, the resulting inflation has also created significant hardship for a number of families unable to participate in the boom. While it was initially expected that the excitement and glamour of the casinos would operate as a magnet, attracting numerous teenagers to Atlantic City for gambling, prostitution, and other activities, this has not materialized.

History and Development

Staff at the Atlantic County District Office (D.O.) of the New Jersey Division of Youth and Family Services (DYFS) had long been aware of the lack of adolescent specific services in Atlantic County. Prior to application for Adolescent Maltreatment Project (AMP) funding, the D.O. had participated with other Atlantic County agencies in developing a runaway shelter. In conceiving of a grant application for an AMP, the DYFS Regional Office and the D.O. administrator had perceived the need for a child protective services adolescent unit. This unit would strengthen the Division's protective services and prevention capacity in the area of adolescent abuse and neglect and go beyond crisis-oriented treatment of cases by actively seeking referrals of and providing preventive services for potential cases of maltreatment.

Prior to this application, services were most often offered only on a crisis basis and with little time available for preventive efforts or for family therapy to reunite parents and children. Consequently, over 46% of adolescents had been placed in foster care, compared to 28% of the general caseload. Another intention of the Project was to reduce this trend by providing more deliberate intervention, as well as testing the effectiveness of treatment approaches. A final purpose of the Project was to increase the sensitivity of all Atlantic County community agencies to adolescent maltreatment as a possible causative factor in situations which had been previously identified and treated as juvenile delinquency or behavior problems. This awareness was expected to increase the identification and reporting of potential and actual adolescent abuse and neglect.

Midway through the Project, there were personnel changes in the positions of project director, project evaluator, group worker and the host agency (D.O.) manager. In this report, distinction is made between the

original and the later Project. This is done to mark significant changes in activities of the Project, host agency, and the community.

Affiliation

The demonstration Project is located administratively within the New Jersey Division of Youth and Family Services (DYFS) and was the agency's first grant to specifically address the abused and neglected adolescent. The Project Director and all Project staff were hired by DYFS and were subject to Civil Service hiring procedures and regulations. Working within the Civil Service structure, which operates separately from DYFS, at times delayed start up. In a number of instances, staff could not be hired until these positions were established through the Civil Service system.

All Project staff worked exclusively with the Project and did not split their time with other DYFS units. Likewise, the Project's caseload was kept separate from other existing units. Originally, DYFS contributed two salaried employees (caseworkers) to the Project, and the rest of the staff were paid exclusively with demonstration funds.

Organizational Structure and Staffing

Formal Lines of Communication

The Adolescent Project is one of several casework units within the Atlantic County DYFS District Office. The Adolescent Unit Project Director reports directly to the District Office Manager. The D.O. Manager is in turn supervised by the Assistant Regional Administrator of the DYFS Southern Regional Office.

A Regional Office liaison and Central Office liaison have provided technical assistance to the Project throughout the Project period. In addition to working within the D.O. structure, the Project has regularly scheduled Project staff meetings, as well as individual supervisory meetings between the Project Director and the services staff.

Advisory Board

In addition to the Project's main focus on services to the adolescent, an Advisory Board was planned for the Project to coordinate community activities on behalf of the adolescent. Members of the Advisory Board were to include selected Project staff, selected staff of other Atlantic County District Office units, representatives of the Atlantic County Welfare Board, Atlantic County Public Schools, the Juvenile Intake Office, the Juvenile Rehabilitation/Treatment Center, the Youth Services Bureau, the Juveniles in Need of Supervision (JINS) Shelter, and the Atlantic Mental Health Center. The Regional Office liaison provided technical assistance and consultation to the Project's community coordinator around the development of the Board.

The Board first met in July, 1979. In spite of some initial setbacks during which time the agenda was clarified, the Board met continuously until June 1980. During the Board's summer recess, there were changes in Project staff at both the Project Director and Evaluator/Community liaison levels. Despite these changes, the Board resumed meeting in the fall. The Board's primary function was to coordinate resources since a significant number of adolescents and their families were receiving services from a number of Atlantic County agencies at any given time.

In addition, the Board decided that job finding and job training were their ultimate priorities in Atlantic County. To this end, one Board member reserved a number of CETA-funded after-school employment slots for Project clients. One of the Board's last activities was to plan for a job fair. Upon learning of plans for a high school based job fair, the Board decided to support this effort rather than duplicate it. The Board ceased functioning as a formal body in the spring of 1981. Job reassignments within agencies, added responsibilities in the face of Federal budget cuts impacting on agency functioning, and the creation of a Youth and Family Fask Force under the auspices of the Atlantic County Human Services Council, all contributed to the Board's termination.

The Youth and Family Task Force represents a continuation of the Board's activities although it is comprised of representatives from fewer adolescent-specific service providers in Atlantic County. The AMP as well as the Atlantic County DYFS D.O., is represented on the Task Force by the DYFS Atlantic D.O. Manager, who is presently its chairperson. The Task Force is actively involved in planning for implementation of the Family Court in Atlantic County, as well as serving as a vehicle for continuing information exchange and resource planning. While it does not completely meet the Project's original conception of an Advisory Board, the Task Force has achieved the expected benefits.

Staff Hiring Process

The original Project Director began working January 27, 1979. The majority of remaining staff were hired within a month after this date. The delay in hiring the Project Director resulted from efforts by the DYFS Assistant Regional Administrator of the Southern Regional office to recruit qualified candidates for Project Director from both within and outside of the Civil Service System and restrictions placed by the Civil Service System on this type of "expanded" recruitment effort. As mentioned previously, there were staff changes in June 1980, which resulted in the hiring of a new Project Director and other key staff.

Staff Characteristics

The current Adolescent Maltreatment Project staff consists of a Project Director, an Assistant Social Work Supervisor, six social workers, a group work aide, and a clerk

typist. One of the social workers is the Project group worker and another, who has an MSW, provides therapy services in addition to coordinating the service of a psychologist secured through a separate (non-grant) contract with the Family Services Association of Atlantic County.

Both the Project Director and the Assistant Social Work Supervisor have MSW degrees, in addition to extensive protective service backgrounds with DYFS. All of the social workers have counseling backgrounds, some with DYFS. Replacement staff were chosen by the Project Director and all had experience in working with adolescents.

Staff Functions and Project Management

The Project Director is responsible for the overall administration, management and coordination of Project activities. Originally, there was a Community Coordinator/Evaluator position to cover responsibilities for community coordination activities, including the development of the Advisory Board, as well as evaluation activities. The person in that position was promoted within DYFS and was replaced by an Assistant Social Work Supervisor (ASWS). The ASWS has supervisory responsibility for all casework activities and reports to the Project Director. In addition, the ASWS is the liaison to the Juvenile Officers Association, and is involved in police training. The ASWS meets with staff formally at least twice a month for individual conferences, in addition to being available on an as-needed basis. Project activity discussions are scheduled monthly.

Staff Training

Formal staff training at the D.O. is ongoing. Project staff regularly attended training offered by DYFS and other State agencies, as well as by other community agencies (e.g. Family Service Association of Atlantic County, Rutgers Medical School). Staff also had access to and availed themselves of graduate courses offered through the State University and College system. Training was offered on a wide range of subjects, including skills development courses. Subjects included parenting skills, problem solving skills, child development, preparation for court, protective service training, and time management. Staff were also trained in crisis intervention counseling. Full training schedules, offered quarterly by DYFS, included 15-25 courses of various duration, for different skill levels.

The Project also conducted its own training for new staff on the completion of the Berkeley Planning Associates evaluation forms. This was the responsibility of the Project Evaluator.

Client Characteristics

Definition of Client

Eligibility guidelines were established during the middle part of April 1979, and clients were first accepted into the Project as of that time. The original criteria was as follows:

- The Project accepted male and female clients, 12-17 years old.
- The Project accepted cases where there was substantiated or substantiable maltreatment. Cases were substantiated by the intake section of DYFS or through the court.
- The client was a member of an intact family whenever possible. Project services focused on entire families, rather than on the individual adolescent. For the most part, those adolescents who were living independently were not accepted for Project services.
- The Project attempted to limit its caseload to cases where the maltreatment of the victim began when the victim reached adolescence. Therefore, cases in which a victim had been abused since childhood were not considered appropriate for this Project.
- A case was not accepted for Project services where there had been more than five years of prior involvement with the family by DYFS.

Because the original criteria proved to be too exclusive, the second Project Director modified the case acceptance criteria to include:

- Sexual abuse, where the primary victim was an adolescent and where abuse was substantiated or highly suspected.
- Step-parent - adolescent dysfunction, where the problem (abuse and/or neglect) was between the step-parent(s) and adolescent.
- JINS, where the adolescent was directly referred to DYFS as a result of a JINS placement and/or JINS related activity.

With the creation of a second generic adolescent unit in the D.O., the Project limited intake to the physical and sexual abuse categories.

Description of Needs of Client Population

The Primary need of the client population is for deliberate interventive counseling, both individual and family. The Project staff felt that too often protective service workers were unable to provide such counseling because the families usually presented themselves in a state of crisis. Previously, many adolescents had been placed outside of the home as an answer to the presenting crisis. Given caseload sizes and crisis activity, there was little time for deliberate intervention aimed at returning the adolescent from placement to an improved family situation.

The Project's first cases were accepted during the month of April 1979 when approximately ten cases were opened by the Project. The Project considered an entire family to be a single case and, therefore, the number of individuals was greater than ten. The Project averaged between 70 and 80 cases at full capacity.

Staff also identified out-of-home placement and community support services as needs of the adolescent population came to the attention of the Project. While the number of placements available for adolescents was limited, the more crucial problem became the resistance of adolescents to placement. Such resistance usually resulted in a "placement-replacement" syndrome. The situation was compounded by the high degree of cooperation and motivation which was required of adolescents by group home and residential placements. Such cooperation and motivation was absent in many adolescent placement situations.

Any out-of-home placement is a lengthy, time consuming process and often Project staff found themselves attempting to locate and develop the interest of extended family members (grandparents, aunts, uncles, cousins) or even close friends who would function in the extended family role.

Assumptions Regarding Causal Factors Associated With Maltreatment

While Project staff considered a number of causal factors in their work with adolescents, one of the primary factors was the teenagers' own struggle for independence and the inability of parents to deal with it. Often, parents who came to the attention of the Project presented themselves as the emotional equals to their adolescent child, as if they had never matured beyond their adolescent experience.

A second causal factor was the absence of a stable parental relationship either because of divorce/separation or ongoing and unresolved marital conflict. This factor was often compounded by the stresses created by parental alcoholism, psychiatric disability, spousal abuse or premature death of one parent. In brief, families coming to the attention of the Project presented a range of problems in addition to the maltreatment of the adolescent. In all cases, a history of abuse or neglect was either substantiated or suspected.

A third factor which indirectly contributes to the continued maltreatment of the adolescent is the apparent ineffectiveness of local schools in dealing with problem adolescents. It appears that whenever an adolescent acts out in school or becomes a "school problem" the adolescent is suspended or transferred out of the school. Many adolescent maltreatment problems referred to the Project also involved school problems which were unresolved on that level and which could have been addressed, in part, within the school environment.

Type of Maltreatment

At the point of intake, the majority of Project cases were of alleged physical or sexual abuse. While in the majority of these cases the physical or sexual abuse ceased after Project intervention, the problems of the neglected adolescent remained.

It is the opinion of the Project staff that there is a neglect-abuse continuum and that abuse does not occur independent of neglect. Adolescent neglect is often more pervasive and insidious and difficult to address effectively; it is legally very hard to prove and psychotherapeutically difficult to treat.

In a number of cases opened for allegations of physical abuse, there were also suggestions of sexual abuse. However, the number of substantiated sexual abuse cases was less than 2% of the total adolescent population which received services from the Project.

In many cases the biological father was not in the home, although often a paramour was present. The physically abusing parent was often the mother. The Project staff felt that a number of the problems exhibited by its clients were predictably unique to the targeted subpopulation. The staff observed that parents often either resented the fact that their children were growing up or found them to be an interference, felt uncomfortable with the developmental behavior of their teenage children, and were less able to deal with the sexuality aspects of this stage in the child's development.

Underlying the abuse were usually issues of discipline, obedience, and control. These issues were particularly evident among families of adolescents with lower IQ levels. These adolescents tended to be among those most severely physically abused.

Since the Atlantic City area is a low income area, some of the observed neglect appeared related to socioeconomic conditions. The majority of Project families experienced financial problems.

Case Management

Introduction

The Project identified the specific needs of the maltreated adolescent population in the Atlantic City area as:

- Sensitive and appropriate counseling.
- Development of placement/recreational/education/employment alternatives.
- Community coordination of support services.

The overall service philosophy focused on intervention to ensure that adolescents had a family environment free from actual serious emotional or physical harm. Successful work in the area of adolescent abuse involved:

- Identifying adolescents who had suffered harm or risked suffering harm.
- Thoroughly assessing the needs of the family as those needs related to harm to the adolescent as well as identifying the factors responsible for the harm or risk of harm.
- Developing a case plan that would provide services to protect the adolescent from further harm.
- Providing the services identified in the case plan.

Intake Screening

The DYFS AMP received a majority of its referrals from:

- The D.O. screening unit.
- The juvenile court system. These latter referrals often carried a "Care and Supervision" order from the juvenile judge and were routed to the Project through its juvenile court liaison.

With respect to this second referral source, cases essentially stopped coming to the Project from the juvenile court with the creation of the second adolescent unit and the concurrent narrowing of criteria for case acceptance to the Project. (See the section on CLIENT CHARACTERISTICS - Definition of Client).

The Project received an average of eight referrals a month from the juvenile court. These referrals were primarily adolescents adjudicated as JINS. The Project accepted an average of two to four new cases of adolescent abuse per month from the DYFS screening unit.

The crisis intervention (screening/intake) unit in the Atlantic D.O. recorded the majority of screening incident reports (95%) and conducted investigations and intakes for all new abuse and neglect referrals to the D.O. State law mandates that the unit must respond to physical and sexual abuse cases immediately or within 24 hours of reporting and must respond to emotional and physical neglect within 72 hours. For all other referrals and requests for services, contact must be made within ten days and disposition within 30 days from the date of application.

The intake procedure consisted of the caseworker making contact in the community with the alleged victim and perpetrator. During this contact the adolescent and caretaker were seen both individually and together. Other family members were also interviewed. In addition, completion of the intake process included:

- Contact with collateral resources such as hospitals, schools, juvenile officers, probation, mental health services.
- Establishment of a service contract with the client.

The caseworker then completed the appropriate DYFS forms which included a basic information sheet on each client, an intake summary, dictation describing resolution of the presenting problem, appropriate computer forms, and a report to the prosecutor when applicable. In addition, Project staff also recorded evaluation forms. Interview time averaged one to two hours.

The entire intake process had to be completed within 30 days of the date of application. The intake process cited above is the same for both the screening unit and the AMP caseworker, with the exception of the initial contact requirements. Whereas the screening unit responded immediately, within 24 hours or within the 72 hour limit, no policy existed pre-determining when the Project caseworkers conducted their post-screening interview. However, a Project caseworker was usually assigned to both respond to and conduct an interview within 24 hours of the Project's receipt of a referral. Frequently both services and referrals for treatment were initiated during the intake process. Services were grouped into four major categories:

- Advocacy.
- Counseling and therapy.
- Education.
- Monitoring/case management.

Diagnostic Process

The diagnostic process in the Project was neither formal nor discrete. Central to the course of Project service delivery, however, was the continuing investigation and assessment of the adolescent's condition and the family functioning. This took place continuously through the provision of the monitoring/case management service. This service consisted of regular interviews with the parent and adolescent to assess the condition of the adolescent and the home as well as to determine the progress of the treatment, to renew the case plan when necessary, and to determine when to terminate a case.

Clients were referred by the Project to professional clinicians (psychologists, psychiatrists) for testing and formal diagnosis, when indicated. This was often initiated during the intake phase, especially when it was immediately apparent that the client required Project intervention.

The four categories of service offered in the intake process underscored the entire course of work with the client. The case plan or package of case work services might consist of services from many systems: mental health, juvenile justice, medical, educational, recreational, and employment. It was the caseworker's responsibility to coordinate the delivery of services determined in the case plan.

In short, the diagnostic procedures and assessment

variables were essentially the same for the screening unit and the Project. The Project, however, continued the process for cases on which it had conducted the intake, and had the additional responsibility for implementation of the intervention plan. Intervention decisions involved a case conference between the caseworker and the ASWS, and were predicated on assessment/evaluation of progress related to goals mutually agreed upon between social worker and client, which were behavior specific.

Treatment Process

The client's treatment plan was developed primarily by the assigned caseworker in conjunction with the case conferences with the ASWS, who also served as supervisor. Treatment was seen by the Project as a process originating between the assigned caseworker and the client in the form of a contract or acknowledgement of understanding. The intent was for both the client and caseworker to know what was expected of each and what goals were expected to be achieved. While this contract did not need to be formally written, in some cases this was helpful, particularly with Project adolescents living on their own. The contract consisted of identifying and at least verbally agreeing upon:

- The nature and extent of the problem(s).
- An identification of the problems most important and amenable to treatment.
- An identification of the objectives for dealing with each problem.
- Strategies for achieving objectives.
- Identification of caseworker responsibilities.
- Establishment of the time frame within which the objectives would be met.
- Identification of consequences for either party if the agreed upon responsibilities were not met, including the authority of Project staff to file a complaint in court.

Additionally, the client was informed at first contact of the caseworker's willingness to consider renegotiation of the contract, should this become necessary.

One of the primary services offered by the Project was counseling, both individual and family. This service was usually provided in the client's home, but could have been provided elsewhere in the community, or in the D.O., when appropriate. Project counseling was not drawn heavily from the psychiatric model, but rather, from broader, more holistic, casework models.

Project staff included five caseworkers, one of whom conducted all group work activities. The other four caseworkers carried caseloads of 15 to 20 families and provided services to both adolescents and caretakers.

While the first service provided by the Project was protection, placement services were often indicated, particularly in view of the Project's work with JINS cases. The Project staff made an effort to provide placement services in the following priority order:

- Family.
- Relative.
- Other free home (e.g., friend of family/adolescent).
- Foster care/group home.
- Residential institutional care.

This priority listing reflected the Project philosophy that, whenever possible, the family was the preferred choice of setting within which to work with the adolescent. The Project often referred clients for formal mental health counseling services in tandem with its own casework counseling services. The Project counseling program might have included helping the family accept referral to clinical services when needed. Other services which were provided by the Project included Medicaid, emergency funds, clothing allowance, rent (to adolescents living on their own), family planning, advocacy, homemaker, transportation services, parenting education, funds for psychological testing, and a group activity program for adolescents.

A high percentage of cases were receiving services from agencies other than DYFS or the Project. Referrals outside of the agency were made to private mental health and family service agencies, private practitioners, family planning, and county youth service agencies. Referrals were always followed up to ensure service provision had been successfully initiated.

Project staff placed clients on a monthly or quarterly contact schedule. The frequency of the contact schedule was determined by the following criteria:

- Need for protection.
- Need for the worker to be directly involved in the provision of service.
- Frequency of contact needed to carry out the service plan.

The caseworker and the ASWS regularly evaluated each case to determine a contact schedule. The contact schedule reflected formal contact requirements. In the majority of cases, actual contact was more frequent than the monthly and quarterly schedules suggested.

Termination Process

Termination was considered appropriate when either:

- The caseworker and the supervisor determined the client had reached the previously established casework goal, or
- The problems identified by the client and the

caseworker had not been fully resolved, but the adolescent was not in danger of being harmed and the family did not want to participate further.

The process of terminating a case involved discussion in the early phases between the caseworker and the ASWS followed by discussions between caseworker and client. Clients were notified in person after adequate preparation and ideally, a mutual agreement had been obtained. Client input was always preferable but depended on the strength and motivation of the client to engage in the process of change. Paperwork required for terminating a Project case included:

- Closing correspondence.
- Completion of a closing summary.
- Completion of dictation.
- Preparation of a closing transaction.
- Completion of computer forms.
- Completion of Berkeley Planning Associates Project Evaluation forms.

Follow Up

The Project did not contact the client after the case had been terminated. If it was necessary to reopen a case, the Project did so. At this point, no reliable statistics exist (based on current eligibility criteria) to determine the percentage of cases which were reopened.

Services

Theoretical Model and Intervention Approach

The Project, an adolescent protective services unit, proposed to specialize in the identification, assessment, and direct treatment or referral for treatment of adolescent abuse and neglect through a coordinated and comprehensive network of services, emphasizing group counseling for adolescents and their parents, community outreach, and preventive services.

The Project also proposed accomplishing its goals by having each caseworker involved in a relatively small caseload, thereby, allowing for an increased number of contact. The Project postulated that this would result in a greater impact on maltreated adolescents and their families than previously possible. The family as opposed to either the parent or adolescent was seen as the unit of service.

Direct Client Services

The Project identified six core services that were provided directly by staff:

- Casework Counseling and Therapy.
- Advocacy.
- Placement Assistance.
- Group Activity and Counseling.
- Behavior Contracting.

Depending on the individual mix of problems and their severity, some combination of these services was provided to adolescents and, where appropriate, to their parents.

Casework Counseling and Therapy

As this service was applied to a variety of problem areas and encompassed a variety of counseling approaches, it was the most commonly provided service. While all of the families received this service, it was adapted to the needs of the individual family. For example, parenting skills training was discussed with maltreating parents in an effort to provide them with new and more effective ways of disciplining their adolescent children and to help remove the impression that physical punishment is the only way to control children. When the maltreatment stemmed from excessive parental/child emotional dependence, counseling was aimed at reducing dependency needs in both parent and child. Counseling in crisis management was provided to those families in transitory stress, created by the behavior of the adolescent, problems of the parents, or external factors. The Project also developed a psychological services component which consisted of an MSW social worker who provided therapy and a psychologist who provided testing. Services were delivered both in the home and at the office and were available by referral from the caseworker.

Advocacy

Advocacy, as provided by the Project, referred to helping an individual or family obtain a needed resource or service. It directed itself to helping the individual/family victim obtain their rights: this may have been in the context of the process of classification by a child study team, in relationship to a juvenile justice matter or to family planning issues. On another level, advocacy was seen as support in helping the client identify needs and resources, as well as support for the client in developing skills with which to engage resources (e.g. making appointments, identifying information an agency/service provider may need). While there was nothing unique to this approach to advocacy in a CPS setting, what was unique was that given the relatively smaller size of the caseloads, an individual counselor could spend more time with and on behalf of the client than would otherwise have been possible.

Advocacy was seen as particularly important for adolescents, in that adolescents were often involved in a variety of crisis situations involving interactions with one or several systems and often did not have the skills to effectively deal with these systems on their own behalf. All of the clients in the Project received this service, including siblings and

parents of adolescent abuse or neglect victims. Advocacy was provided as treatment throughout the course of intervention. However, even with a limited caseload, Project staff stated that sufficient advocacy could not be provided to every client because of the numerous needs of this client population.

Placement Assistance

Adolescents were encouraged to remain in or return to their natural homes whenever possible. Such arrangements were not always in the best interest of all parties concerned, given that at times either or both sides were strenuously opposed. A significant number of the Project's cases involved assisting the adolescent client in finding an alternative placement. This service is common among protective service agencies.

The D.O. Placement Facilitator/Home Finder maintained a pool of approved foster homes, to which the Project staff had access. However, since the number and availability of approved adolescent foster homes was limited, Project staff became proficient in assisting the family/adolescent in finding an alternative placement, usually with relatives or friends. Project caseworkers had the authority and responsibility to approve homes for foster payments. The approval process included completion of an application, home evaluation, medical references on family members, three personal references, school references on any school age children, employment references, State and local police checks. Called "special" homes, they were more successful at engaging the adolescent than a regular agency foster home.

Group Activity and Counseling

This service was provided on a regular basis by the Project group worker with assistance from the group work aide. Emphasis was placed in skill development and increasing adolescents' feelings of self-worth and self-confidence, through a program of group activities combined with group counseling. Such skill development activities as sports and modeling helped in the formation of groups, which became supportive to individuals, and led to participation in group therapy sessions to discuss life adjustment problems, under the leadership of the Project group worker.

Behavior Contracting

Working with the adolescent and his/her parents, caseworkers drew up formal behavior contracts between the two parties. These contracts were shared with other involved agencies. Contracts were intended to help the adolescent and the parent(s) in defining what they wanted, needed, and expected from each other.

Referral Services

Service Needs

The most common referrals for additional services made by the Project involved the Atlantic Mental Health Agency, the Atlantic County Family Services Association, and the Juvenile Justice Shelter. In the opinion of the Project staff, some resources were available in the community for individual, family, and group counseling. However, very few other service resources existed for adolescents. Likewise, there are very few resources for residential treatment facilities where youth could obtain more substantial psychiatric and/or psychological assistance. The Project staff actively worked to find alternatives to placement of adolescents in the JINS Shelter.

Referral Procedures

All referrals to the AMP flowed through the intake unit of DYFS because the Project was a part of the mandated child protective service agency in Atlantic County. Consequently, youth service agencies, youth, and parents could not directly refer cases to the Project.

The DYFS intake unit made the decision as to whether of not there was substantiated abuse and neglect involved in the case. If there was substantiated evidence of abuse involving an adolescent, the case was then referred to the Project. If there was not substantiated evidence of abuse or neglect, the case was either referred to another unit by the intake unit, referred to the DYFS Adolescent Unit for further investigation and intervention, or referred to another agency. Once the case was referred to the Project, it was assigned to one of the staff social workers who worked with the adolescent and all other members of the family.

Indirect Services

The Project identified three areas of non-client services including:

- Research and Evaluation.
- Community Coordination and Development.
- Community Education.

Research and Evaluation

The second Project Director, in conjunction with the supervisor of the DYFS Adolescent Unit, charted client characteristics, history, and services of both populations to begin to look at the differences and similarities of these populations. The results suggested two areas of difference. First, the Project adolescents appeared to have more serious problems from a mental health standpoint. Secondly, the

DYFS Adolescent Unit clients had a past history of physical abuse which had not continued into adolescence and were referred for other kinds of adolescent behavior problems. The Project also participated in the NCCAN contracted national evaluation conducted by Berkeley Planning Associates.

Community Coordination and Development

Community coordination development and education activities were all interrelated, and were a major effort of the first Community Coordinator Evaluator. Roughly 50% of this staff person's time was spent in the formation of a community-wide Advisory Board specific to the Project. This Advisory Board included the dean of the local state college, a supervisor of the child study team in the public system, the director of the Atlantic County Human Resources Department, a representative from the Atlantic County Welfare Board, a professor from a local school of social work, a nurse from the public schools, an assistant principal at a junior high school in Atlantic City, and representatives of the Special Services Department for the Atlantic County Public Schools. In addition to developing the Advisory Board, the Coordinator made numerous presentations on adolescent maltreatment to school personnel and community groups.

Awareness of the problems of adolescents and the service gaps in Atlantic County led to the development of the Adolescent Treatment Unit (ATU) by the Atlantic Mental Health Center and the adolescent service unit of the Family Service Association of Atlantic County. ATU was a counseling program, receiving clients who were placed on probation by the juvenile court. Referral was court-ordered. The adolescent services program provided services to adolescents facing out-of-home placements. These adolescent specific services were enthusiastically welcomed by the Project. Linkages with them were easily and quickly established.

Community Education

Along with the ATU and the Adolescent Services Program, the Project sponsored a very successful one day statewide conference. The conference announcement was responded to by over 600 persons representing a range of community agencies and organizations. This was the first conference in New Jersey to have been devoted to adolescent maltreatment.

The conference consisted of two keynote speeches in addition to a number of workshop presentations. Dr. Ira Lourie of the National Institute of Mental Health presented a model of adolescent development and maltreatment. Dr. Breffni Barrett of the San Diego Family Institute, Inc., presented a model for community response to adolescent maltreatment. Workshop topics included: The new New Jersey Juvenile Code; A Family Systems Approach to Working With the Adolescent; Adolescent Sexual Development; Parenting the Adolescent; Incest; and Adolescent Suicide. In all, 14 different workshops were presented.

The conference met with overwhelming success. Evaluation forms indicated: 1) that much networking took place among participants 2) that participants learned new skills in working with adolescents and 3) surprise on the part of the participants at the number and range of professionals concerned about adolescent maltreatment.

As previsouly noted, the Advisory Board was seen as a major tool to provide community support and facilitate community linkages for the Project. The Project Coordinator was active as a speaker in Atlantic County on issues dealing with adolescent maltreatment and juvenile justice. She had meetings with representatives of a number of community agencies and addressed citizen groups. The Project Coordinator was also working toward developing improved service linkages with the Atlantic County Mental Health Center and the Atlantic County Family Services Association.

In addition to improving the image and working relationships between the DYFS Project and other youth programs in Atlantic County, community coordination and education was also designed to increase the reporting rate of adolescent abuse and neglect within the community. This Project activity obtained some immediate success and, referrals for adolescent abuse and neglect increased as a result. The Project staff felt that they had been successful in letting the community know that adolescent maltreatment exists and that there is support available in the community.

Resources and Resource Allocation

The host agency, DYFS, a major component of the Department of Human Services (DSH), operates with a budget appropriated through legislative channels. DHS is the single State department responsible for administering Title XX of the Social Security Act.

The AMP was funded solely by the National Center for Child Abuse and Neglect (NCCAN) grant award. The funds available adequately covered the cost of Project operations. The Project was able to offer services not ordinarily available through the host agency.

The Project participated in two weeks of data collection for a Resource Allocation Study. The study indicated that in an average week, the staff expended a combined total of 246 hours delivering the Project's service model. This effort was allocated across three general categories of Project activities: Direct Client Services (52%), Indirect Client Services (15%), and Other Support Activities (33%).

Community Linkages

Project's Relationship with Key Child Abuse/Neglect Agencies

The Project's relationship with DYFS, its host agency and the mandated agency within the community became increasingly more cooperative as the Project developed. During the course of the Project there was a 100% change in key personnel in both the host agency and Project administrative staff. The Project's relationship with the host agency improved significantly with these changes. Special needs of the Project, particularly around financial actions and lines of authority, were increasingly clarified, understood and responded to, at all levels in the host agency.

The Project's relationship with the juvenile court, however, was strained, particularly in the area of decisions in cases arising from JINS complaints. Often the adolescents involved had previously been identified as victims of maltreatment. To improve the handling of adolescent cases, the Project created a juvenile court liaison position to expedite appropriate referrals to DYFS from the court, as well as to ease the confusion of a number of DYFS workers present at any given time. The liaison reported to the court on the status of a case on behalf of the social worker and conversely reported to the social worker on any new directives from the court. This action was only partially successful and the issues continued to be addressed. The Project's relationship with other components of the juvenile court system was good.

The Project's relationship with the criminal court system, particularly the prosecutor's office, was very good. The prosecutor's office was supportive in ensuring that services to some families, primarily those involving sexual abuse, were court-ordered, which helped to motivate such clients to participate in treatment.

Project's Position Within the CA/N System

Prior to the inception of the Project, Atlantic County did not have a comprehensive service system for abused and neglected adolescents, and most community services which were available for treatment of CA/N were purchased through limited funds by DYFS. In addition, there was no multidisciplinary team in Atlantic County, which resulted in a "bare bones" system to serve maltreated adolescents.

Given Atlantic County's response to adolescent abuse/neglect, the AMP played a crucial role in identifying issues regarding adolescent maltreatment and thereby helped to promote system clarification. The Project staff disseminated information on adolescent abuse and played a key role in continuing the dialogue between the few agencies in the county working with this client population. The above-mentioned conference is a prime example of this activity.

Project's Assessment of Community Linkages

The few agencies that provided services to abused adolescents had a good working relationship and were mutually supportive. The Project intended to continue its efforts to develop an Advisory Board for the Project and did establish a relationship with the Division of Vocational Rehabilitation for the Project's learning disabled clients.

Implementation and Operations Issues

The original Project staff identified four primary and two secondary implementation issues. The four major issues were:

- The Project's relationship with the DYFS D.O.
- The Project's relationship with the DYFS State Office.
- Definition of the Project's caseload.
- Coordination with other community youth-serving agencies.

The two additional implementation issues originally cited by staff included the lack of a clear service focus and lack of available residential placement resources.

Several operational issues were identified over the three year Project period. These included:

- Staff turnover.
- Low staff morale.
- Reorganization within the D.O.

Implementation Issues

Project's Relationship with the DYFS D.O.

The Atlantic County DYFS office included 45 child protective service workers in addition to the five involved with the Project. The reorganization of the office to include an adolescent abuse unit was accomplished with a minimum of disruption. While the relationship between the Project and the rest of the hosting office units was initially problematic, the Project for its last two years, enjoyed a very positive relationship with the host agency. Initially, the difficulty had been the expected reluctance of general service unit workers to refer cases involving adolescents to the new unit. The intake unit workers had been cooperative in directly referring those cases. One reason for this situation was the fact that once a social worker began working with a family, they were very reluctant to turn that family over to another agency social worker and another unit.

Some resentment and/or jealousy existed among the general service unit workers toward the new AMP. Further difficulties arose as a result of the Project's eligibility standards for cases, i.e., the Project wanted to define and specify the types of cases with which it wanted to work. In doing so, the Project alienated a number of workers who had hoped to refer a particularly difficult and/or long standing

case to the new Project. Initial criteria excluded many cases presented to DYFS. The general service unit workers also resented the small caseloads that the Project workers were asked to carry.

As a result of these problems, the Project for a long time did not have an adequate number of cases. Even though the intake unit referred new cases, it took a period of time before these cases added up to the numbers needed to justify the existence of the special unit. The caseload was built up through the general accumulation of new cases referred from the intake unit.

Steps were taken to resolve these types of problems, including a series of meetings among general service workers and the Project service workers. In addition, one new worker to the unit came from a general service unit and had a good deal of popularity and experience with DYFS in Atlantic City. Also, the Adolescent Unit, in the face of initial problems, reviewed all of the cses in the D.O. caseload at that time to determine which cases were in fact appropriate for referral to the Project. The overall impact of this issue on the Project lessened significantly with time.

Project's Relationship with the DYFS State Office

The Project identified a number of issues related to the State system which impacted on its implementation. The first issue was a four month delay in the hiring of a Project Director. This delay in the filling of the Project Director position was the result of a lengthy process involving Civil Service as well as DYFS. Once the Project positions were officially established, full staff was hired within a six week period.

Another issue arose over the non-attendance of the Project Director and Project Coordinator at AMP cluster meetings held during the National Child Abuse and Neglect Conference in Los Angeles. While several New Jersey DYFS employees did attend this Conference, the number was limited by fiscal constraints and New Jersey Department of Treasury regulations on the number of allowable Conference participants. While Project staff were inadvertently excluded from the Conference, this problem was ultimately resolved through communication between DYFS and NCCAN and did not reoccur for a later national conference.

By the time of the change in Project Directors, the relationship between the Project and State DYFS was both supportive and positive. In fact, State DYFS staff were assigned to help with the State conference and their input was invaluable. Once initial difficulties were overcome, the Project enjoyed access to the full range of in-house resource material and expert personnel. By the end of the Project, its relationship with the State office was characterized as entirely advantageous.

Definition of the Project's Caseload

The Project's caseload was derived from cases referred by the D.O., which referred all its adolescent maltreatment cases, and in part, by the juvenile court judges who selectively referred adolescents.

While at the outset the Project was uncertain as to how to define the types of cases it wished to receive, the original Project Director decided it would have been inappropriate to change the client referral process and host agency selection criteria primarily because of the Project's responsibility to, and position within the host agency. The Project initially lacked a clear service focus for working with the adolescent population.

To a certain extent, this uncertainty resulted from a more general uncertainty regarding the AMP's objectives, as well as the inherent difficulty in defining adolescent maltreatment. Definitions were also complicated by the fact that because the Project was located in the State-mandated child abuse agency these definitions had to be legally sound. However, the Project was able to develop a working definition of adolescent maltreatment and criteria for case acceptance. The criteria included the following five elements:

- "Limited" DYFS involvement: five years or less, or none. Prior DYFS involvement was not a prerequisite for service eligibility.
- Whenever possible, there was to be no dual supervision of adolescents and their families. Once the Project became involved, other DYFS caseworker involvement ceased as a means of ensuring that the Project's findings were not contaminated by factors not under its immediate control. This *was not* to imply that the D.O. support services provided by specialists would not be given or requested if such were deemed necessary for responsible case planning.
- Ages of the adolescents served was limited to 12 to 17 years.
- Adolescent maltreatment had to be manifested as a function of adolescence rather than as a continuation of an earlier syndrome initiated in pre-adolescent years.
- Maltreatment had to be reasonably substantiated by the referring party (if another unit within the D.O.) or by the Atlantic County D.O. Screening Unit's already established criteria for such designation; cases could not be accepted if there existed a high level of ambiguity as to whether maltreatment actually had occurred or was occurring.

With these criteria the problems of definition were clarified. However, the limited number of cases acceptable

by these Project criteria eventually became problematic and the criteria were expanded to include cases of substantiated or high risk of physical or sexual abuse, where the primary victim was 12 to 18 years old.

Coordination With Other Community Youth Serving Agencies

The Project had some initial difficulty in establishing relationships with other youth-serving agencies in Atlantic County. To some extent this stemmed from the Project's location within a traditional county social service agency, that had not historically been close to those community-based alternative agencies that primarily serve youth. The Project had attempted to deal with this problem by scheduling a series of meetings with relevant community agencies in Atlantic County and by establishing an Advisory Board composed of representatives of the local youth-serving agencies. The initial difficulties were successfully overcome by the activities. Once established, the Project's relationships with the few youth-serving agencies in the County was both positive and dynamic. The one exception was a strained relationship with the juvenile court.

Operational Issues

Staff Turnover and Low Staff Morale

The Project had, at various times, experienced a considerable rate of staff turnover. Staff turnover was originally a problem, not only in the Project, but also in the D.O. Similarly, other Atlantic County social service agencies experienced high staff attrition rates. The explanation offered for this phenomenon was the availability of more lucrative jobs in the local casinos. As new casinos opened or expanded, staff resignations increased. Another contributing factor to the Project staff turnover rate was the perceived change in direction as the Project clarified initial uncertainties.

The Project took steps to correct these problems. First, DYFS and the Project Director attempted to select staff who had a social service commitment and would not likely be attracted to the casino industry. Secondly, the D.O. restructured its new employee orientation program to facilitate better understanding of job tasks and job skills.

Reorganization Within the D.O.

Another positive change affecting the Project was the reorganization of the Atlantic County D.O. The juvenile court liaison position, originally developed within the Project, was moved to the host agency Screening Unit. This move was encouraged by the Project. The liaison assessed new referrals from juvenile court, in addition to representing staff at hearings. The liaison also participated on the Juvenile Screening Committee where first time "offenders" might be directed to social services.

A second adolescent unit was developed by the D.O. to provide services for the non-abused adolescent population. This generic unit was developed to provide services to the remaining families in the agency's current caseload in which the presenting issues involved adolescents. The reorganization was accomplished smoothly with no disruption to the Project's functioning.

Summary

Key Program Changes

The Project experienced major changes in service philosophy, service structure, case management, staffing and organizational structure. In addition, staff noted changes in community resources.

The *service philosophy* changed primarily as a result of the appointment of a new Project Director. The effect of this change was to develop an operational philosophy which changed the Project's direction and increased staff morale and commitment.

The change in *service structure* involved the group work activity component. One counselor was appointed to develop and coordinate all group work activities. Under her direction the group work component grew consistently. In addition, the Project Evaluator was designated to actively facilitate referrals, and to establish a greater understanding among casework staff of the goals and objectives of the program. The Evaluator also conveyed to clients the nature and purpose of group work activities.

Case management changed with the development of an employee evaluation and performance standard for caseworkers. This occurred in response to changes in the host agency's management information system which shifted from a manual to a computerized system. The effect of the change was to clearly define a minimum acceptable performance standard. This change was viewed positively by the Project staff.

Organizational change involved the development of a second adolescent unit. This change was a realistic response to the knowledge that 40% of the total DYFS Atlantic D.O. caseload involved adolescents. The effect of this change was more specialized, focused, and consistent services for adolescents.

The last area of change noted by the Project involved *community resources*. While some community programs were created to respond to adolescents, other programs were closed. Also, many of these programs experienced considerable staff turnover as a result of higher salaries offered by the casinos and, in part, to reduced law enforcement and mental health funding. The changes in community resources

have resulted in greater urgency in locating services and emphasized the need to provide services for this ever-growing population.

Benefits of Project Funding

Most of the Project staff cited the opportunity to focus on the needs of adolescents and their families as the most beneficial experience for the staff and their clients during the demonstration period.

The experiences over the three years led the Project staff to conclude that:

- The host agency should develop units geared to specific age categories. From the Project's perspective, the existence of adolescent specific services in the agency was a positive organizational response to delivering services.
- Community-wide skills education for parents of the preadolescent child is vital to prevention efforts. The Project staff felt this education should emphasize the developmental tasks confronting the child and the range of parental responses available.
- The Project's most significant impact on the local community service structure was its ability to create a greater awareness of the existence of maltreated adolescents and an awareness of the needs of this subpopulation.

A significant accomplishment of the Project was the successful organizing and conducting of the Statewide Conference on Adolescent Maltreatment. The Project received an enormous response to the Conference which demonstrated the intense community interest in adolescent problems. The Conference was attended by a wide variety of individuals representing differing systems, agencies, and disciplines. Participant evaluations were extremely positive and enthusiastic, requesting primarily more efforts in the same area.

Future Plans

Due to severe budgeting constraints which have had an impact nationwide, it is unclear as to how the Project will continue after the expiration of Federal funds. The D.O. is committed to continuing adolescent maltreatment services as a specialty, as well as the adolescent group activity program.

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Chapter VIII
Project Response
Waterville, Maine

Patricia K. Anderson, M.A.

Introduction

Project Response is a single service agency which provides direct services to dysfunctional families where an adolescent is being maltreated by a "family" member. Unlike many social service agencies, the majority of Project Response's direct client work is done not in offices, but in client's homes and in public places. The Project has a unique style of service wherein each family member is assigned an individual counselor, and a systematic and intensive treatment approach lasting up to two years is utilized. To meet intake criteria, all Project Response families must be active clients of the Department of Human Services (DHS) Protective Services Unit and one or more family members must be in jeopardy. The agency is located in Waterville, Maine and through the National Center on Child Abuse and Neglect (NCCAN) grant, provided services to families throughout Kennebec County.

Early History and Implementation of the Project

Project Response was funded by an Adolescent Maltreatment Clinical Demonstration Grant awarded by NCCAN in October, 1978. Although a new program emerged with a unique treatment approach, it was based upon the philosophical model, traditions and experiences of the programs of its parent agency. This section describes the significant factors effecting Project Response's parent agency [Community Justice Programs, Inc. (CJP, Inc.)], the community served (Kennebec County, Maine) and key elements of the social service and justice systems during the preceeding twelve months (10/77-9/78) which are useful to understand the implementation phase.

Community Justice Project: The Precursor To Project Response

The Community Justice Project (CJP) was a four-year (1974-1978) effort supported by the Maine Criminal Justice Planning and Assistance Agency [(MCJPAA) which was the Maine agency for the Law Enforcement Assistance Administration (LEAA)], LEAA, the National Institute of Mental Health, local Comprehensive Employment Training Act (CETA) funds and small foundation grants. This Project was operated by a complex series of agreements involving a special overseer's board, MCJPAA, the Commissioner of the Maine Department of Mental Health and Corrections and the local community mental health center. The CJP had been initiated under a Democratic Governor and was implemented during the tenure of an Independent Governor. The Governor's overseer of the Project was the Commissioner of Mental Health and Corrections. During the tenure of the Independent Governor, four persons occupied this position. As a result, consistent State planning of the Project was never possible. However, extensive linkage opportunities presented themselves, and the Project established extensive and strong linkages with the social service and criminal justice systems. A major focus of the Project was primary and secondary intervention efforts with adolescents.

In February, 1978, it became apparent that state funds to implement the CJP statewide or to continue the Kennebec County pilot program at its current level ($700,000 per year) would not be forthcoming. LEAA was unwilling to continue the funding at the current level since they felt the pilot Project was a success and the state should implement the Project statewide using state funds. Then the Independent Governor suggested that the Project incorporate as a private, non-profit corporation and assume independent status without formal, long-term reliance on the state. Private, non-profit incorporation was sought for CJP, Inc. in March, 1978. The CJP, judged a success but deemed cost prohibitive, was scheduled for termination in September, 1978.

Local Impact: Social Service and Justice Agencies

The scheduled termination of the CJP caused concern to many programs, judges, and law enforcement agencies which had come to rely on the Project as the major resource for adolescents. Other area agencies which served adolescents were ambivalent about the termination, since they were not only losing an ally and resource, but also a major competitor for scarce funding. The state found it possible to fund elements of the CJP on a statewide basis with the same amount of funds previously allocated to the Project area. This area contained only ten percent of the state's population.

As the termination date approached, concern focused on

the impending lack of resources and expertise for dealing with adolescents, especially those who acted out or were delinquent. This concern was heightened by both an unstated practice by several agencies not to accept referrals of adolescents and the increasing cutbacks in funding for social services. Agencies were also recognizing that the label ("delinquent," "maltreated," "disturbed," etc.) the youth acquired determined the youth's access to services he or she could receive. The availability and nature of these services varied across the different systems (criminal justice, protective, and mental health). A major research outcome of the CJP was the finding that the majority of "delinquents" were from dysfunctional families that were frequently characterized by child/adolescent abuse and neglect. For these youth, both labels applied. This was also noted by the DHS Region III Office which, in the twelve months preceding Project Response's funding, had prepared to implement the state's first specialized Protective Service Unit for Adolescents. An expressed goal was to improve the service delivery system for adolescents in light of the decriminalization of status offenses.

NCCAN Grant Application: State Politics

The consensus emerged that continued CJP activity at the previous four years' level of operation was not possible. The organization would, of necessity, have to evolve from a large, multi-service agency into a smaller, more singly focused service organization. The Project's management was determined to focus its search for support in the area of adolescent services.

In June, 1978, the agency learned of the NCCAN Clinical Demonstration Program Announcement on Adolescent Maltreatment. The NCCAN application was quickly completed. Staff assessment of the key linkages was gathered and brief visits or telephone calls revealed that these key agencies/persons would actively support the Project's NCCAN application. The two pertinent linkages had been made over the years, but the Project was uncertain if they would be able to politically or programmatically support the application on such short notice. These two linkages were the DHS Region III Office (which was just initiating their Adolescent Unit) and the DHS Central Office. Both the DHS Commissioner and the Regional Director lent support. Their support was qualified because of the brief notice and the need to draft formal letters of agreement, including the assumption of good faith if redrafting these agreements was necessary.

Organizational dynamics dictated that major difficulties would later occur under these circumstances of rapid action and lack of awareness of, and support by, management staff. A second NCCAN application from Maine had been submitted and this application had received consultation from and support of high level DHS Central Office staff. The approval of the Project Response grant, rather than the other grant, led to predictable disappointment on the part of the DHS Central Office staff involved in the development of the unfunded application. The perception of this staff was that the Project Response application had not "gone through the proper channels" and this perception was, in some respects, accurate.

These circumstances highlight important considerations for local agencies seeking both appropriate and successful strategies for securing national funding which require pass-through and/or approval from the state office. The traditional approach has been to seek "buy in" and support at all levels. This would most likely have been Project Response's approach had there been sufficient lead time. It is impossible to determine what the outcome would have been if this strategy had been employed where there already existed a commitment from the key players to another proposal.

The subsequent positive outcome was the result of a high level of professionalism evidenced by all parties in the sometimes tense atmosphere in which the negotiations of appropriate linkage mechanisms occurred. These negotiations took place after a new Democratic Governor had been elected (11/78) and was preparing Cabinet choices which were publicly known not to include the then current Commissioner of DHS.

Formal Working Agreement

DHS' support of the Project Response grant application had been extended with the understanding that a formal working agreement would be negotiated in good faith between the agencies after the grant award. The initial negotiations involved the DHS Central and Region III and Project Response staffs. The initial meeting was emotionally charged. Project Response staff were both angry and frightened because they anticipated their efforts were going to be blocked or hindered. The DHS Central Office staff appeared to believe that Project Response's plans were ill-conceived and unnecessary, in comparison to the unfunded proposal, and that Project Response's interests were self-serving. It is significant that the key implementation/linkage issue, the development of a detailed working agreement between Project Response and the DHS Region III Office, was raised and "owned" by the DHS Central Office staff. All parties were committed to drafting this document and were invested in making it an effective vehicle to forge a successful linkage.

Rationality also prevailed when all parties agreed that the Manager of the Adolescent Protective Services Unit and the Director of Project Response would draft the working agreement and then submit it for approval to the other parties. This allowed the Project Director and the Adolescent Protective Services Unit Manager to become acquainted and to develop an important working relationship.

The Adolescent Protective Services Manager, despite the formal working agreement, "tested" the Project Response service capabilities. Project Response presented its desire to work with families in serious jeopardy. The Project began accepting clients in January, 1979 and for several months the Adolescent Protective Services Unit referred cases to the Project that did not meet the serious jeopardy criteria. This situation was initially perceived by Project Response staff to mean that the Adolescent Protective Services Unit did not trust the quality of work of Project Response. Analysis of characteristic organizational behavior quickly revealed, however, that this was professional and actually appropriate behavior on the part of DHS which should have been expected to slowly test the staff of Project Response with clients who did not represent a high risk. Indeed, if Project Response had initially received the type of clients it requested, DHS might have been perceived as dumping its clients on Project Response. After an established good track record of four months with the clients referred to Project Response, clients presenting greater needs and at greater risk were referred to the Project. In retrospect, this evolution appears to have been desirable and necessary

Another procedure which helped to forge the strong working linkages between Project Response and the Adolescent Protective Services Unit was their participation in the hiring of Project Response staff. This procedure is discussed more fully below. It is important to mention that Project Administrators did the initial screening on job candidates but the final selection was made by a joint group that included the Adolescent Protective Services Manager who could veto any job applicant.

Staffing and Organizational Issues

The staff of Project Response included the Project Director, Treatment Coordinator, Administrative Assistant and four Counselors, all full-time employees; a part-time Psychologist; and a volunteer Cadre. The Project Director, Treatment Coordinator and the Psychologist had been selected prior to the awarding of the grant.

A highly structured interviewing procedure was used to select the Counselors and the Administrative Assistant. Each prospective employee was asked standard questions pertinent to the job responsibilities. The finalists for each position were given a second interview which included more extensive questions. For example, applicants for the Counselor positions were asked detailed, open-ended questions that assessed their understanding or capacity to understand a systems orientation and the Project's conceptual model for individual and family treatment, their interest in research methodology with its necessary documentation, their experiences and attitudes toward normal adolescents and maltreated adolescents, and their abilities to work as a member of the Treatment Team. The Manager of the Adolescent Protective Services Unit participated in the interviews of the finalists for the Counselor positions and vetoed one applicant.

During the hiring process the Administrative Assistant and only three of the desired four Counselors were hired. Client services began in January, 1979 as scheduled. The fourth Counselor who had the desired skills and experiences to complement the skills of the Treatment Team was hired in March, 1979. The Volunteer Cadre was initiated in the Fall of 1979 and comparable selection procedures were utilized for selecting volunteers.

Several experienced and competent staff members from Project Response's parent organization had assisted in the preparation of the grant and desired employment. These staff members were informed that their application for employment with the new Project would be competitive. Indeed it is important to note that of the seven staff members who had already gained experience under the CJP and who applied for employment with Project Response, only three were ultimately chosen. This was characteristic of all Project operations which based themselves on a competency model, in contrast to the negative effects of nepotism and "the old boy network" which reduced the effectiveness of organization. This also served to grant employees a sense of competence since they then realized that these were the qualities for which they were chosen, rather than their personal relationships.

The staffing pattern had been predetermined by the grant application and there were no untoward circumstances which justified changing the staffing pattern within the organization. A school component, Summer Recreation Counselors, Student Interns and a Secretary were added later. Overall operations were under the day-to-day control of the Project Director, who in turn reported to the Board of Directors. The Project Director, Treatment Coordinator and Administrative Assistant comprised the Administrators. The Treatment Coordinator, who supervised the Counselors, and the Project Director constituted the Clinical Supervisors. The Treatment Team included the Clinical Supervisors, Counselors, Volunteers and Student Interns.

Prior to the initiation of client services, a fifteen day training period was undertaken for new staff. Outside consultants and existing Project staff were used for this training. A significant focus of the training was concerned with the Project's philosophical orientation towards systems and a well-defined theoretical model, the Effectance Model. The Project was testing the Effectance's Model's heuristic value in working with maltreated adolescents and their families. Staff were appraised of the importance of both the internal (the Project's) and the national (the NCCAN funded evaluation of all the clinical demonstration projects) research efforts. Staff were actively involved in the design of internal research forms and the development of the routine for capturing the necessary data.

Team players were selected and a cohesive, energetic staff coalesced quickly during the orientation and training period. This process was facilitated by the small staff size where job responsibilities were often fluid, and barriers were few. Communication was open and numerous formal and informal means of communication existed. This was found to be of paramount importance to the effective treatment of families with numerous workers: without careful case planning and excellent communication between counselors, the impact of numerous counselors could be divisive and damaging to the family.

Past experience dictated that the majority of client services had to be delivered away from the office in relevant settings, including public places, schools, restaurants or other appropriate facilities. Appointments occurred in the office for group activities or when the formal structure or privacy it afforded was desired by the client. This was anticipated and during the implementation phase a suitable setting for Project operations was secured. The office was a house with a warm atmosphere, a functional kitchen for projects, and enough room to ensure privacy for two or more interviews simultaneously.

Philosophical Perspective

Project Response's parent organization, CJP, Inc., had evolved a systems orientation toward both organizational issues and specific treatment approaches. Systems are the interrelationship of communities, agencies, and the individuals who in the aggregate constitute these organizations and agencies. This fundamental point of view leads to an awareness that change or intervention at any point or place in the larger system will have important ramifications throughout the entire system. Individuals and systems are resistant to change. When one individual or element of a system endeavors to change, the system thwarts or mitigates against the change, actively endeavoring to maintain the status quo. Effective intervention, therefore, requires attempts to address simultaneously many elements/persons of the system in order to counteract the homeostasis and to generate synergistic results.

Previous work of the CJP had utilized this approach both in the criminal justice system and with adolescent offenders. The agency's experience in treating adolescents and their families frequently revealed that many of the adolescents who were labeled delinquent were in fact abused and/or neglected. Their siblings were also maltreated and in need of services, and their parents were ineffective. The diversity of the individual's needs was apparent. Counselors assigned to one individual in these dysfunctional families were quickly called upon to assist other family members in meeting their needs. The Counselors typically expressed the sentiments that if only there were several Counselors, they would be able to work effectively with the families (often called multi-problem families) who wanted treatment, advocacy, support, and care. Project Response desired to test this treatment strategy by providing an individual Counselor to each family member who desired involvement in a treatment program. A family systems approach was used which was formulated in accordance with the Project's conceptual model, the Effectance Model. Goals of treatment were developed for each family member, as well as for the family unit.

Treatment Philosophy: The Effectance Model

The Effectance Model posits that people have a biological need to impact on the environment and, most importantly, other people within that environment. Effectance is the need to be in control of one's life, to feel competent in life situations, and to exhibit mastery. Effectance is the ability to make decisions regarding one's life, to establish personal goals, as well as to have the necessary skills to realize these desired goals. Similarly, effectance refers to the ability to predict and understand the consequences of one's behavior. People feel effective when they have an effect on themselves through self-actualization, others, or an impact upon their environment. The spheres of influence (interpersonal, intrapersonal and/or environmental) people desire varies considerably between individuals and for individuals over time.

In this formulation, personal expectation is a central factor determining an individual's feelings or effectance. Expectations effect the selection of one's influence upon and responsibilities for life events. People who feel ineffective most often have unrealistic and/or inappropriate expectations. The failure, or frustration, to feeling effective leads to anxiety, acting out, depression, and other generally maladaptive responses which negatively effect the person.

Treatment strategies thus center both on teaching people more effective ways to meet their needs and also on helping individuals, families, and other systems generate realistic expectations. In turn, the comparison of performance and expectations serves as the major portion of the feedback loop governing a person's determination of effectance. The determination of competencies and level of expectations are paramount to this approach. Specific goals are delineated for each family member and significant others, as appropriate, as well as for the entire family. The treatment plan specifies the type of counseling, the progression of counseling to be offered to the family, and the necessary linkages for other specific services (such as health care, vocational counseling, employment, educational advocacy, and the like) It is felt that this Model has direct application to dysfunctional families where maltreatment occurs.

A Perspective on Adolescent Maltreatment

The basic premise behind Project Response's involvement was that parents who abuse and/or neglect their children are ineffective. Abusive and neglectful parents lack the necessary skills to be competent as parents. It is also likely that their own childhood experiences lacked affection and warmth and that they were abused and neglected as children. In particular, these parents tend to be isolated from others and very vulnerable. As parents, these individuals lack a positive self-concept and lack the common coping abilities for periods of stress. They lack appropriate support and information from a network of relatives, friends, neighbors, or peers: people who normally provide support during times of stress.

Project Response's approach with these parents was to help them learn the skills necessary for appropriate parenting. The approach also was to improve the parents' self-confidence by focusing on the parent as a person and not merely in the role of parent. The approach was to assist parents in making decisions about their lives; in effect, to gain control over their lives and to feel confident in life situations. The approach was not particularly insightful or reflective. It was a very reality-oriented approach which focused upon concrete tasks. Counseling services included modeling techniques, teaching skills and providing opportunities for clients to acquire and practice their new skills. The skills taught to parents included parenting techniques, decision-making, budgeting, comparison shopping, home management, nutrition, hygiene, job hunting, crafts, recreation, academics, vocational, as well as interpersonal skills.

Children raised by parents described above can be expected to have similar problems. These parents tend to give inconsistent messages, which are very confusing to their children. If a behavior on one day elicits a smile from a parent and the same behavior another day elicits insults, it is expected that this youth will eventually learn there is little relationship between his/her behavior and its consequences. This lack of relationship between behavior and consequences leads to feelings of helplessness, which have proven disastrous for youth. Youth who learn to attribute life to chance are not able to see their own real alternatives, since they do not perceive that they can set and attain goals. Project response taught the adolescent the areas of life under his/her control. Moreover, the approach was reality-oriented in that the adolescent learned skills necessary for his/her independence and learned to identify his/her own life alternatives. The counseling approach was experiential and coordinated with all of the systems in which a youth was involved: school, recreation programs, peers, employment, as well as his/her family. Adolescents did not encounter these new experiences alone; they were guided through them by Counselors. A highly structured supportive network was provided.

This model gains support from the Learned Helplessness literature[1] which has demonstrated that anxiety and depression grow out of feelings of helplessness. This literature suggests that, since helplessness is learned, learning has implications for prevention and treatment. Seligman's theory of helplessness states that an "organism, when exposed to uncontrollable events, learns that responding is futile. Such learning undermines the incentive to respond, and so it produces interference with the motivation of instrumental behavior. It also proactively interferes with learning that responding works when events become controllable, and so produces cognitive distortion."[2] This theory suggests that if depressed persons are guided through situations in which they learn to exert greater control, which teach them that they have power to influence certain events in their lives these experiences may effectively immunize the child against future depression. The Learned Helplessness paradigm has important implications for the treatment of maltreated adolescents.

The effectance Model generates specific treatment approaches for neglectful parents who are uninformed of appropriate parenting techniques, neglectful parents who are withdrawn and apathetic, abusive parents, abused adolescents and neglected adolescents. Moreover, the Project was researching the separate roles played by parents and adolescents in their dysfunctional families.

The treatment approach prescribed by the Effectance Model included the following components:

- Services were voluntary and Project Response accepted as clients all family members, including significant others, who desired services.
- Treatment plans were designed for the family as an integral unit.
- Each individual member of the family received his/her own individualized course of treatment.
- It was preferable that each family member have a unique counselor.
- Specific courses of treatment were recommended which progressed from individual to dyad or couple counseling, and eventually to family counseling.

The Project's experience was that initially clients could not productively relate to other family members. At the time of referral, some families would not remain in the same room together, and others could not be together without continuously ridiculing and denigrating each other. At this point parents were inadequate, inconsistent, and ineffective, and their children were angry, argumentative, and often in control of the family. Clients had to be strengthened and taught specific skills before they could effectively interact with their family members. The parents were often the key figures and treatment usually proceeded at their pace. In

some cases where significant change on the part of the parent was unlikely, the focus of the intervention with the adolescent changed to helping the adolescent adjust to and accept his/her parent, without expecting changes.

Goals of Treatment For the Individual And/Or Family

The necessary goal of treatment of dysfunctional families where adolescent maltreatment occurs is to curtail immediate maltreatment and to eliminate or diminish future maltreatment. The Project's philosophical orientation directed the methods employed to realize this goal. It was assumed that adolescent maltreatment would cease and healthy family functioning would increase if the family unit and the individuals who comprise it, could develop appropriate means to meet their effectance needs, were able to define realistic personal and family expectations, could develop communication skills, and could experience satisfaction in meeting their needs in a functional manner and in a manner which did not harm the well-being of other members of the family.

The issues of competence, effectance, expectations and communication were therapeutically addressed. Hence, intervention with a family in which the father was abusive and an alcoholic focused not only on providing treatment for the father's alcoholism but also on helping the father to more realistically assess his expectations of himself and to assist him in acquiring desired and appropriate skills. For example, exploring vocational programs; role playing a job interview; offering feedback on the possibilities of getting a better job with the client's educational level, present skills and employment record; and exploring schools.

The approach also focused on this father's expectations of his relationship with his son and in turn led to the father developing further competence in that domain. For example, teaching him how to reduce his idle threats to consequences which were enforceable and reasonable, helping him define "reasonable" discipline, improving his listening skills, encouraging father and son recreational activities, and encouraging other activities which promoted positive times together. Goals with the son focused on his responses to his father's drinking, his competence and coping abilities in times of stress, and his feelings of self-worth.

Referrals and Intake Procedures

Project Response established a caseload capacity of eighty persons receiving individual treatment at one time. As a result of caseload limits, a waiting list was established at DHS, the primary referral source. DHS then prioritized families for intensive treatment with Project Response. When Project Response was accepting clients, DHS reviewed their waiting list and assessed the current needs of the families. When they identified a family suitable for treatment at Project Response, the DHS Case Worker contacted Project Response's Treatment Coordinator and briefly described the problems and needs of the family. If the Treatment Coordinator felt the family was appropriate, the Case Worker met with the family and described to them Project Response services. If the family then expressed interest, an appointment was arranged for the Treatment Coordinator to meet with as many members at one time as was possible. The services of Project Response were described to the family by the Treatment Coordinator. If the family remained interested, individual needs assessment appointments were arranged.

Diagnostic/Assessment Procedures

In keeping with the Project's treatment model, the diagnostic/assessment procedure was termed a Needs Assessment. The evaluations were conducted by the Treatment Coordinator, a trained family therapist, on a one-to-one basis, and included psychosocial history information; a detailed assessment of the client's effectance needs, areas of competence and efficiency, expectations, aspirations and values; and an analysis of the client's role in the family dynamics. In the course of this assessment, the client's expectations in a variety of spheres (vocational, educational, interpersonal, recreational, physical, etc.) were assessed. The Treatment Coordinator then strove to evaluate the level of existing competence and how this matched with the client's expectations or level of aspiration. Major discrepancies between competence and expectations were usually noted.

The treatment plan usually involved both the means to provide a reassessment of the client's inapropriate expectations as well as the means to enhance the client's desired areas of competence. Client's aspirations and values were major factors in determining the treatment plan: clients were encouraged to assist in defining the services they received. Once the assessment was made, a plan for services was delineated which aided the client in determining new areas of effectance, enhancing existing competence, or providing new levels of aspiration or success in an, as yet, untried area of competence.

In the same manner, needs assessments were conducted on all the individual family members who desired to receive treatment services, as well as for the family as a whole. The needs assessment process provided ample opportunity to observe the interpersonal dynamics of the family and to note who revealed family information most readily, who was most suspicious, and who actively blocked the communication of others. Ideally, these meetings were conducted in the client's home. Sometimes the interference from other family members prevented this, in which case the meetings were conducted in another comfortable setting.

During the needs assessment process, if the client and family were willing, the Treatment Coordinator also gathered the information necessary to complete the research

forms. All Project clients were willing to participate in the research. The needs assessment process required an average of two hours for each person. Depending upon the age and the ability of the client to express himself/herself verbally, this may have taken place in two separate meetings. The needs assessment represented a significant amount of time for both the Project and the family.

The Treatment Coordinator assessed which member of the Treatment Staff should be assigned to each individual family member. A careful match was made between the skills and needs of the client with a particular counseling style or approach of the Treatment Staff member. The Treatment Staff included the Treatment Coordinator, the Director, Counselors, Student Interns, and Volunteers. Volunteers, as a rule, worked with only one client for three hours a week. They were often assigned difficult, non-verbal clients who required very specialized time and attention.

Members of the Treatment Staff began seeing their assigned clients, if the client was in crisis, before the family intake process was completed. Prior to the Treatment Staff member's first meeting with a client, the workers were given only a brief summary of the presenting problems of the family and their clients. If a client had particular expectations for the counseling process, these were, of course relayed to the worker. The complete family history was not given to the worker prior to his/her first meeting with each client. This policy existed based upon the experiences of staff at CJP where it was noted that the complete information often overwhelmed the worker, and the client was seen as the presenting problem rather than as a person.

At the completion of the family intake, a Treatment Team meeting occurred to formulate the treatment plan. The Treatment Team was chaired by the Treatment Coordinator and all Treatment Staff attended, with the exception of volunteers who attended only key meetings for the families with whom they were involved. During the initial Treatment Team meeting on the family, the Treatment Coordinator presented the hypothesized family dynamics. Other Treatment Staff involved with the family presented their observations as well. Goals for the treatment intervention for the family were derived and formally written. Similarly, individual goals were also written by each worker for his/her client. The goals were specific and measurable. These goals of treatment served as the basis for the treatment plan for each family and were reviewed on a regular, usually bi-weekly, basis.

Treatment Plan

Project Response provided a full complement of individual, dyad, family, and group counseling. Therapy efforts were directed toward current, real life situations, and although empathy and support were inherent in the situation, it was not assumed that unconditional positive regard alone would provide the client with the necessary skills to survive an abusive family situation and a highly competitive society. Likewise, a long-term insight approach was found to be inappropriate with adolescents in general, and with maltreated adolescents in particular. Hence, individual therapy was action-oriented and often took place in the context of a household chore (for example, grocery shopping), a meeting with another agency, or a recreational activity. These activities provided opportunities to teach clients new skills as well as to continually evaluate clients' current expectation levels and their current competencies.

Ongoing therapeutic contacts provided the client with new opportunities in which to develop competence. Often this process started with the counselor modeling appropriate behavior or guiding the client through a situation. In this manner, clients' skills were developed. New experiences were undertaken preferably only when the client had sufficient skills and proficiency to take the next step. The same process was used whether the task was to teach fair fighting skills to parents, or to teach an adolescent how to make a phone call for information appropriately.

The Project's experience was that families were not able to benefit from dyad or family counseling at intake. Intensive, individual counseling had to occur before they were able to productively relate to other family members. During this phase of treatment, situations often arose which required a family meeting. These meetings were convened to deal with the family crisis or task at hand. They were, however, time-limited and task-oriented.

Clients in their individual counseling meeting gradually began to identify problems they were having with other family members. When ready, clients indicated their willingness to meet with another family member to discuss, and hopefully resolve, the issues. The timing of these meetings was dependent upon the skills which had been learned by each individual and their readiness to confront issues directly. Sometimes these meetings had to be delayed until both parties were sufficiently able, though not necessarily eager, to participate. The dyad meetings were conducted by both individuals' Counselors. These dyad meetings were issues-oriented since the participants agreed before-hand on the issues they wished to discuss. In the first meeting the clients negotiated the number, if any, of additional meetings they would have.

It was the experience of Project Response staff that as one person in the family began to improve and initiate a dyad meeting, this person very often initiated other dyad meetings with family members, and a series of dyad sessions occurred. Likewise, if dyad meetings were occurring between the mother and a sibling, other siblings often demanded equal time and their own dyad meeting with mother. The

ramifications of these dyad meetings was evident. Not only did the participants benefit, but the other family members were encouraged to attempt the same process.

Once the family gained experience and had opportunities to enjoy satisfactory resolution of issues with family members, family counseling was then initiated. Family therapists (co-therapists were preferred, although the Treatment Coordinator served as the primary family therapist) were carefully selected based upon their previous involvement with the family, as well as the particular dynamics of the family. These family sessions were a means to address the goals for the family. Usually the initiation of family counseling came from a family member. Throughout this entire process, individual and occasionally dyad meetings continued to address the needs and goals of the individuals. However, these meetings gradually decreased as family counseling sessions addressed more of the issues.

Casework and Crisis Services

Project Response provided around-the-clock intervention for clients through a telephone answering service. Treatment Staff were expected to be available to their clients in crisis, since it was generally acknowledged that the Project's staff were frequently the "significant others" for their clients. Times when staff were unavailable were negotiated, rather than arranging a rotating list of available staff. Given the treatment approach to provide a number of Counselors to a family, it was of paramount importance that a client's own Counselor be available to him/her, and not a Counselor who was working with an untrusted member of the family. The client in this situation was not, as experience had shown, able to trust that family member's Counselor either. When an individual's Counselor was unavailable, the call was referred to the Supervisor who handled the call directly.

Although the telephone answering system may seem like a burden upon Project staff, in reality clients used this service only when appropriate. There often was an initial testing period, but once this phase ended, calls to the answering service signified an important problem the client was experiencing. Moreover, client crises were in reality often predictable and Counselors could anticipate when a particular client was likely to be in need. A telephone conversation was usually sufficient to intervene and calm the crisis. An appointment to address the problem was arranged for later that day, or the next. Clients without phones were encouraged to develop resources or plans to use phones in emergencies.

Project Response offered extensive casework services for clients and actively encouraged appropriate use of other resources. The Project often began involvement with a family by mobilizing numerous resources around the family. Under the sponsorship of the Project, community agencies were again willing to extend services to these families. Agencies remarked that some of these families had previously abused their services, and that in some cases, the services that they could offer were so limited in comparison to the need, that they were almost wasted. Other families were unaware of available services, and with these families, education was needed.

Project Response had no contractual agreements for services with any agency. Since all clients of Project Response were active clients with DHS, Project Response had access to their resources. The Protective Services Units within DHS, had contractual agreements with group homes and runaway shelters; the local mental health center for therapy and diagnostic evaluations; child care providers for respite care and emergency child care; foster homes; homemakers; and public health nurse services. Project Response offered an alternative educational program, School Without Walls, which was available to Project clients. Project Response also had excellent linkages with educational facilities; family planning clinics; hospitals; the local mental health center; private practitioners in the fields of law and medicine; recreational programs; and the full range of social services. The services which already existed were readily available to Project clients. Advocacy for services and referrals to other agencies were an integral part of Project Response's casework which was provided for clients.

Food and money were provided to Project clients on a limited emergency basis. In most cases, these services were considered a loan and a repayment schedule was arranged. Clothing was occasionally purchased for clients, especially special clothing required for athletic activities which the Project had encouraged. Similarly, transportation was provided for Project clients on an emergency basis. Assisting clients in their emergencies was often an excellent way to improve the Project's relationship with them, teach clients skills, and observe their coping skills.

Case Management Procedures

Project Response conducted two three-hour weekly staff meetings. Agendas were decided at the beginning of each meeting. One meeting usually began with staff issues or training issues, and the other focused on client case review. However, the nature of the meetings was determined by the staff. Moreover, if a family was in crisis, any member of the staff could convene a special Treatment Team meeting. A Treatment Team was conducted on all families at least once every two weeks. In Treatment Team meetings, staff addressed the particular goals for their individual clients and for the family as a whole. Careful case coordination was vital to minimize the games between family members and their Counselors, and to minimize the potential divisiveness of multiple Counselors' involvement with the family.

Treatment Team meetings served as an excellent opportunity for group supervision and peer support. The team

approach was exceptionally useful, since it was a team which worked with each family. The major advantage was the sharing of responsibility for each family. When a family was in crisis, all the counselors involved with that family shared the anxiety and concerns, and thus were able to provide support to each other. The Project believed that the team approach reduced the burnout rate for counselors.

Case conferences were convened on an as needed basis with members of all agencies involved with families receiving services from Project Response. Formal mechanisms existed to convene case conferences with the DHS Case Worker at intake, termination, and at regularly scheduled intervals during the provision of services to the family. An open invitation was extended to all DHS Case Workers to come to any staff meeting, at which time a Treatment Team meeting was held on the mutual client. Case conferences were also convened with representatives from other agencies. Since many agencies did not initially understand Project Response's style of working with families, these meetings served two important functions. Very often agencies expressed confusion as to whom was involved with the family. In these case conferences, agency staff were given the opportunity to not only meet Project Response staff, but also to learn the specific goals that each Counselor was addressing with his/her client. This improved their comprehension of Project Response's approach and was viewed as a training opportunity. This procedure also served to maintain linkages and to facilitate coordination of case care. Consistency among all services provided for clients and their families was a paramount goal.

Termination

Globally defined, a successful termination was said to occur when the abuse of the adolescent ceased and clinical judgement found that the likelihood of further jeopardy was very low. Given the Project's Effectance Model, a successful termination was operationally defined as a greater effectance for individual family members and the family as a whole, specified in the goals of treatment. Improvement was viewed as a series of discrete outcomes. Generally, specific skills had to be learned or specific behavioral changes for each family member had to occur. The specific behaviors important for parents included less social isolation, improved self-esteem, improved abilities to cope with stress, improved problem solving skills, improved child rearing skills, and the existence of a support network. For youth in these families, consideration was given to improvement in the youth's self-image and self-concept, peer relationships, performance in school and other activities, and behavioral controls. The areas of consideration for family functioning were primarily the family's ability to problem solve, manage resources, improve communication between family members, and to develop family plans.

Adolescent maltreatment may rapidly diminish during the initial phases of treatment because of the "demand" characteristics of the intervention as well as the fear of possible legal action for continued abuse as perceived by family members. However, specific skills must also be learned or specific behavior changes for each family member must occur, in order to curtail the adolescent maltreatment caused by the systemic factors that operate within the family. Thus, although the overt abuse may cease, the case is ready for termination only when healthy family functioning exists and the goals of treatment are accomplished. As treatment progresses, involvement with the family and individual family members gradually diminishes. It is expected that at termination, families may be referred to other agencies for ongoing or intermittent support and services.

The termination of individual clients was carefully coordinated by the Treatment Team with the needs and goals of other family members. The Project's experience was that termination of one family member always had important ramifications on other family members who were still actively involved in treatment. It was the case that the termination of one family member was delayed when it was felt that termination of one client would interfere with another family member's motivation to complete a difficult goal. Plans for the termination of all clients were coordinated carefully with the DHS case plan.

In general, the termination procedures involved a series of meetings with the client and completing the requisite termination notes and research forms. Usually four termination meetings were held with each client to discuss the termination process. During these meetings, the client's achievements and successes were explicitly discussed. This provided an opportunity for the Counselor to assist the client in saying "good-bye" and in recognizing his/her progress. As can be expected, clients frequently tended to delay; these tactics were directly confronted. Clients reported that this termination process, in addition to the fact of termination, was most rewarding.

Clinical Case Supervision and the Treatment Team Approach

Case review occurred both through traditional means of clinical case supervision and through the Treatment Team process. The Treatment Coordinator was the clinical supervisor for the Treatment Staff. Supervision was provided on a weekly basis and consisted of traditional case review and recommendations for the intervention with, and progress of individual clients. The Treatment Coordinator was also available for supervision on emergency issues during office hours as well as after hours. The Project Director served as the supervisor in the absence of the Treatment Coordinator. One or the other supervisor was always available, when not in person, by telephone.

The Treatment Team had major advantages and a minor disadvantage. The team approach offered possibilities for peer and group supervision, and peer support. Team members openly acknowledged the support they received from each other. Another major advantage was the sharing of responsibility for each family: other staff really "knew" what a family was like. Burnout appeared to be reduced, especially when staff resignations were compared for the CJP and Project Response. However, a difficulty with the team approach arose in the hiring process. The selection of Counselors required a competent individual who had skills which would supplement the skills of existing team members as well as a person who was comfortable with a team approach. The Project discovered that a team position was frequently a difficult obstacle to hiring competent staff since many skilled, competent individuals were accustomed to functioning independently and were unwilling to serve on a team-oriented staff. It appeared that team approach increased the time involved in the selection process for Counselors, but decreased the burnout rate.

Staff Changes: Hiring Issues

Since the Project began its operational phase there was staff turnover. Five new staff including the Treatment Coordinator, Administrative Assistant, and three Counselors, were hired. A process similar to that discussed above under Staffing and Organizational Issues was employed. The most crucial staff change involved the resignation in November 1979 of the Treatment Coordinator, who had had a major role in the design and development of Project Response and who had been employed by CJP and CJP, Inc. for four years. The Treatment Coordinator's resignation was anticipated for a number of months which afforded the opportunity to plan and prepare for a smooth transition.

During the last month of the Treatment Coordinator's employment, the Project Director assumed the primary supervisory responsibilities for client treatment and Counselor supervision. The original Treatment Coordinator participated in the hiring and orientation training of the new person. The orientation included providing and discussing detailed case summaries, as well as introducing the new Treatment Coordinator to clients and community members.

The two Treatment Coordinators worked together for two weeks, and the original Treatment Coordinator was available for consultation for approximately another two weeks. During this period of time, the Project Director continued to be available to the staff for supervision and case consultations. The Couselors, as anticipated, relied heavily on the Project Director for supervision and support during this period of transition. The Project Director made every effort to be available to Counselors at their request. Anticipating the Counselors' reluctance to go to the new Treatment Coordinator for supervision, when it was determined by the Project Director that the Treatment Coordinator was comfortable with the procedures and treatment approaches for clients, the Project Director went on vacation. At this time the Director was unavailable to the Counselors, but available to the Treatment Coordinator, if a need arose. This effected the transfer from the Project Director to the new Treatment Coordinator.

The potential for staff destabilization was enormous; the Treatment Coordinator had a primary responsibility for the provision of services to clients and support for staff. The Project also had wanted to implement new case management procedures prior to the resignation of the original Treatment Coordinator. It was ill-advised to implement these procedures knowing that the resignation was imminent. It was also recognized that the new Treatment Coordinator would also want to change some procedures and that it would be advisable to make all the changes at one time. The original Treatment Coordinator, in her last month, presented her recommendations for the changes that should be made. The new Treatment Coordinator was given the responsibility to determine how the changes would be made, but the idea of change was introduced to the staff by the former Treatment Coordinator. This was an extremely effective means for reducing the typical resistance which occurs when supervisory staff change. In general, the transition was extremely smooth and well organized. Destabilization was at a minimum, and no other staff member resigned as a result of the Treatment Coordinator's resignation.

Similar careful planning was given to the resignation and subsequent hiring of all other new staff. Staff meetings were held in all cases to discuss the person's resignation and the impact the resignation had on the rest of the staff. Existing staff were involved in hiring the new staff and in providing their necessary orientation. Also group building experiences were arranged after new staff were hired. Project Response gave much time and attention to developing a cohesive staff because of the Project's Treatment Team approach. This process was also used to incorporate new staff providing new services into the Treatment Team.

Organizational Changes

Since its inception, Project Response developed new services as needs arose and staff became available. Project Response experienced organizational change with the development in the Fall of 1980 of an alternative community-based school program, School Without Walls. This school began as a special project funded by CETA as a pilot alternative school program for Project Response clients. This school consisted of a Teacher-Counselor and a part-time Teacher's Aide who provided individualized instruction to students in an appropriate community setting. The curricula were developed in concert with the students' regular teachers. Course credit was negotiated in advance

to insure that the School Without Walls course earned regular school credit. The Teacher-Counselor coordinated the Project Response clients' school activities with their individual treatment plans. When CETA funds ended in July, 1981, the Teacher-Counselor position was continued through NCCAN funds until January, 1982. In March, 1982, the School Without Walls Program developed into a formal Community Based Learning Program made possible by the placement of two Volunteers in Service to America (VISTA).

Another organizational change was the formation of a pilot Parent Aide Program in the Fall of 1979. In the Spring of 1979 the Project Response Director was requested by the DHS Region III Office to provide technical assistance to the Salvation Army in Waterville for establishing a Parent Aide Program. The Project had been requested to provide this assistance as a result of its expertise with volunteer programs and child abuse. Historical difficulties between DHS and the Salvation Army could not be resolved. In the Fall of 1979, DHS requested the withdrawal of the Salvation Army and asked that Project Response assume complete responsibility for administering the Parent Aide Program.

Project Response agreed to begin a pilot program to serve the purposes of identifying the significant issues involved in implementing this program in a rural area and to make recommendations for other Parent Aide Programs throughout Maine. The Parent Aides were volunteers who worked with open Child Protective cases which were not otherwise involved with Project Response. The Parent Aide Program was supervised by the Project Director and Treatment Coordinator. The Program was extremely worthwhile for Protective cases and for the Parent Aides. However, it was a time-consuming activity for Project Response staff, and could not be continued after the one year pilot effort was completed.

In concert with Maine LEAA and CETA, Summer Recreation Counselors were hired to provide individual and group recreational programs for Project Response clients each summer. Project Staff developed a Volunteer Cadre to provide one-to-one counseling with Project clients. In general, volunteers worked with non-verbal clients who were in need of a great deal of time and attention. Sometimes volunteers were assigned younger siblings in the family, but by no means were the volunteers given easy cases. volunteers were considered non-paid staff and were entitled to all the privileges, as well as the responsibilities, of other staff.

Student Intern positions, also non-paid, were added as students in local colleges requested the opportunity to do a field placement at Project Response. All of these programs greatly increased the service capacity of the Project.

Project Response Staff Position Descriptions

The Organizational Chart for Project response operations in March, 1982 is presented in Table 1. This section presents Project Response staff position descriptions.

The *Project Director* was responsible for the overall operations of the Project and its relationship to the community, state, and federal governments. The Project Director was also responsible to CJP, Inc., the parent agency. The Project Director oversaw the daily operations of the Project by the direct supervision of the Treatment Coordinator and the Administrative Assistant. The Project Director participated as a member of the Treatment Team, the Project's clinical case meetings, and served as a supervisor to the treatment staff in the absence of the Treatment Coordinator. The Project Director was particularly active in the community and served on the Boards of a number of child abuse and neglect programs and juvenile justice organizations.

The *Treatment Coordinator* was the clinical supervisor for Project cases and directly supervised Counselors, Student Interns, and Volunteers. The Treatment Coordinator chaired the Treatment Team meetings. The Treatment Coordinator was responsible for intake with client families and for assigning individual Counselors to individual members of each family. In addition,the Treatment Coordinator carried a caseload of individual clients, as well as families, for counseling.

The *Counselors* provided direct services to clients and/or developed and monitored client programs delivered by other individuals or agencies in the community. The direct services provided by Counselors included crisis and supportive counseling, individual counseling, dyad counseling, family counseling, and referral and advocacy services.

The *Administrative Assistant* was responsible for fiscal reporting to the funding sources, collecting and compiling data necessary for requisite progress and quarterly reports, and general support services for the management of the office. The Administrative Assistant reported directly to the Project Director and supervised the Secretary.

The *Secretary* provided general clerical duties required for the management of the program. The clerical duties included typing, filing, and bookkeeping.

The *Teacher-Counselor* planned and provided individualized educational programs for school drop-outs in accordance with the recommendations of the individual's schools. The Teacher-Counselor worked closely with other Project Response staff and was a member of the Treatment Team.

The *Learning Coordinators* served as the liaisons between local school systems, the School Without Walls program, and the community. The VISTAs provided the opportuni-

ty for School Without Walls to expand to serve more than Project clients in the Waterville area. The primary responsibilities for the Learning Coordinators were to develop learning sites and to monitor students' progress at these learning sites.

Student Interns entered into a contractual agreement with Project Response for learning opportunities which were provided and the number of hours the student was to be involved with the Project. As a general rule, Student Interns were involved with the Project for an average of fifteen hours per week, and they saw three or four clients per week on an individual basis. Student Interns participated in all regularly scheduled Treatment Team meetings and training semniars. These positions were considered to be training positions for persons interested in the counseling profession.

Volunteers were interested community members who were willing to donate a minimum of three hours per week for a six-month period to work with one individual client. The Volunteers participated in a monthly Volunteer meeting which included case conferences, staff information, and training. Coordination between Volunteers and other staff members was provided by the Treatment Coordinator.

The *Summer Recreation Counselors* provided individual summer recreational activities for Project clients in addition to conducting group activities on a weekly basis. The recreational activities were designed to provide clients with skills-building experiences as well as to offer respite to their parents.

Clients Served

Project Response continued to refine its methods of intervention with families as the Project evolved. The Project held closely to its commitment to work with each individual member, as well as working with the family as a unit. This approach provided the necessary support and meaningful data to plan interventions in terms of the entire family. It provided a diversity of points of view and an enormous wealth of information about the dynamics of the family.

As more difficult cases were referred, the Project had to extend the estimated length of time for treatment. Initially, it was anticipated that the Project would work with each family for approximately one year. This was unrealistic, and the Project now estimates two years as a more appropriate projection. It must be noted that the Project, after the first year, was receiving families who were known to Protective Services for the children's lifetime (if not for generations) and were families of the highest risk of serious maltreatment.

After three years of client services, January, 1979 through January, 1982, Project Response was involved with 144 clients from 43 families. The client population was white, with the exception of one mulatto. Approximately three-quarters of the families were recipients of Aid For Dependent Children or other forms of public assistance.

Two primary categories of clients were referred to Project Response for services. The first consisted of sixteen families who were referred for services for the maltreated adolescent and siblings, for whom it was inadvisable or inappropriate to return these adolescents to their natural homes. The Project's involvement in these cases was to work exclusively with the youth to teach them the skills necessary for their independence and adulthood, as well as to focus on the issues of separation (for example, anger, loss, bitterness, guilt, and responsibility) from their natural families. In the remaining twenty-seven families, Project Response was involved with multiple family members. On average, five family members per family were involved with Project Response.

In the twenty-seven families where a parent chose to become involved with Project Response, twenty-four mothers became clients. Most of the mothers, twenty-one of the twenty-four, involved with the Project had been abused or neglected themselves and most felt inadequate in their role as a parent. Of these twenty-four mothers, ten had no high school education, seven had some high school education, five graduated from high school or received their high school equivalency, and two had some college education. The mothers' ages ranged from 33 to 46 years of age at intake.

Eleven fathers chose to become involved with Project Response. Many of the fathers as well had been abused or neglected as children, seven of the eleven. Of the eleven fathers, two had no high school, three had some high school, four graduated from high school or received their high school equivalency, and two had some college education. The fathers' ages ranged from 29 to 59 years of age at intake.

Project Response provided services to 106 youth. Seventy-one were twelve years of age or older, and the remaining thirty-five were less than eleven years of age.

Project Response received referrals from DHS initially for clients who were in less serious jeopardy, as described above. Excluding these early clients, the Project provided services primarily to chronically dysfunctional families. In these families, many different forms of abuse and neglect existed, including emotional maltreatment, physical abuse, and sexual abuse. In general, the Project felt that the primary form of abuse and neglect in these families was the emotional maltreatment which appeared to clinical staff to be the most damaging factor. Project Response staff believe that it was useful to differentiate between abusive and neglectful families. Abusive families appeared to be "easier" to treat or possibly more amenable to treatment. Another factor of major consideration was the enmeshment of family members. Families who were severely enmeshed were less amenable to treatment. The parents chose to keep their children enmeshed in the family system. This was an act of choice on the parent's part and appeared not to stem from an absence of options.

Project Response felt that the mother's role in single parent families and the parents' roles in general were very critical to the treatment process. Intensive efforts had to be made with parents to either improve the parents' skills and parenting ability or at least to prevent parents from being an obstacle to the treatment process of their adolescents. The Project definitely saw parents, primarily mothers, whose needs were enormous. They never appeared to get enough services to make an impact; their progress was insignificant.

Project Response found the treatment approach involving multiple counselors with dysfunctional families to be extremely effective. The Project's abilities to assign individual Counselors to different family members was, at times, limited by the number of available treatment staff. Some family members were, by necessity, to have the same person as their individual Counselor. The Project's experience suggested that parents and children cannot profitably have the same Counselor. In particular, the youth in these families would not trust the Counselor, whereas the parents would. Major gains were made when the youth was changed to another individual Counselor. More success occurred in families where an individual Counselor was assigned to two youth in the family. In this case, care had to be given to select individual family members who did not have a history of severe rivalry and competition. The assignment of one Counselor to two children was most effective when there already was a working and healthy alliance between the two siblings.

Future Directions

Project Response continues to provide intensive treatment services to maltreated adolescents and their families through a contract with DHS. The contract negotiated in December, 1981 provides for an expansion of treatment services to include residents of Somerset County, in addition to Kennebec County. Moreover, the Project was requested to provide Independent Living Skills Groups for youth in state custody in both Kennebec and Sagadagoc Counties. DHS has clearly indicated their interest in having Project Response services eventually expanded throughout all six counties within Region III.

Project Response has a strong committment to conducting research on the forms and dynamics of adolescent maltreatment. A major area of interest is the roles adolescents acquire in these dysfunctional families. The following roles have been identified: parental child, scapegoat, informer/contact, angel, target, peacemaker, martyr, provacateur, boss/tyrant, and outsider. As well, Project Response continues to refine and test the utility of the Effectance Model in working with chronically dysfunctional families. To date, the Project's small sample size has been a limiting factor in our ability to generalize research results. The research is an ongoing effort and the continuation of treatment services will remedy the sample size problem. It is anticipated that in the Fall, 1982, a sample size will exist sufficient to warrant a major analysis of the data and more conclusive research results.

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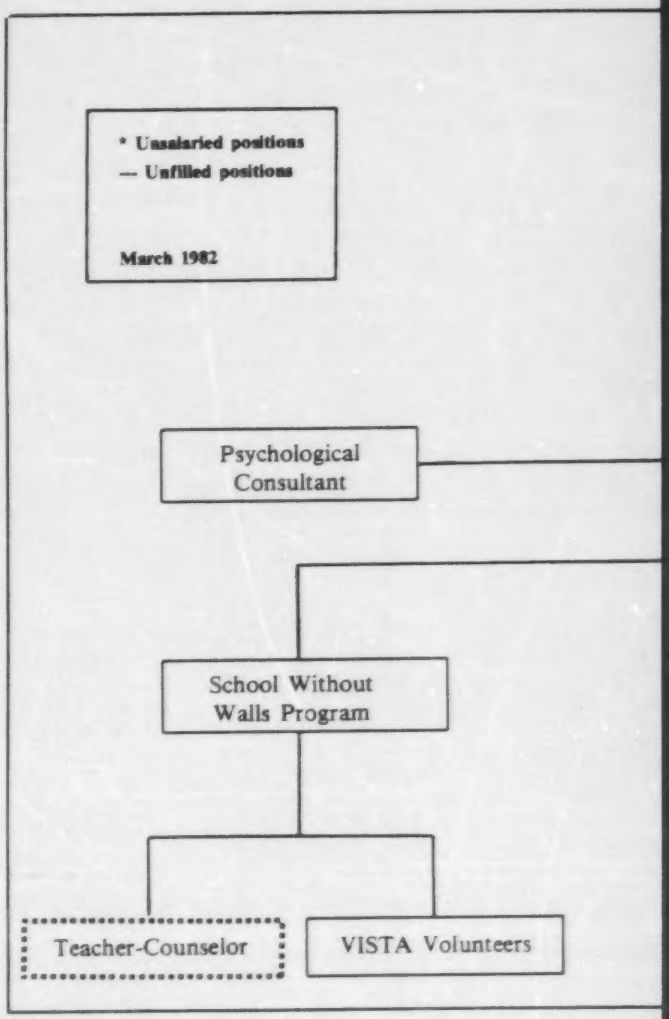
1. For a general review of the Learned Helplessness literature see Seligman, M.E.P. *Helplesness: On Depression, Development, and Death*. San Francisco: W.H. Freeman and Co., 1975.
2. Ibid., page 74.



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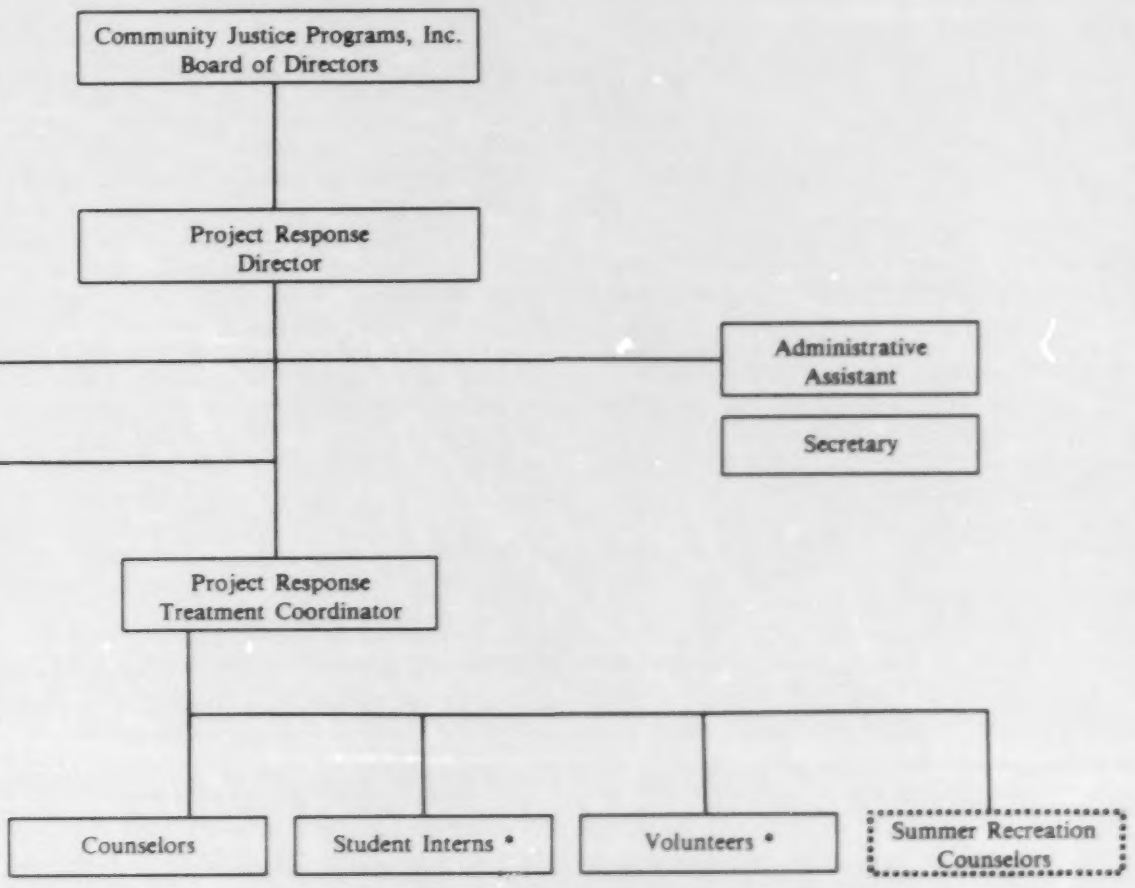

SECTION III: Past, Present and Future Perspectives

Chapter IX
Adolescent Maltreatment: The Federal Role

Alice M. Low, MSW

In the field of child protection, concern about the abuse and neglect of adolescents is a relatively recent phenomenon.[1] Although public and private social agencies have been aware of the social welfare needs of adolescents for several decades, (as evidenced by services provided for this age group by juvenile courts, foster care, group homes, institutional programs, and alternative agencies that serve street gangs and runaway youth), special focus on the problem of adolescent maltreatment has appeared only in the last eight years.

Part of the reason for this lack of attention has been the relative "invisibility" of the problem. For example, youth referred to the juvenile court for delinquent acts may have had a history of being abused and/or neglected by their parents, but since the primary presenting symptom of their disturbed behavior was the delinquency, it was the focus for dealing with their situation and the handling of the court disposition. Runaway youth houses in the 1960's and early 1970's were seeing many abused and neglected youth, but little official recognition was given to this aspect of their problem by either youth programs or child protective services agencies.

Present information on the extent of adolescent abuse and neglect varies considerably depending on the definition, source of referrals and method of data collection. The literature indicates that incidence and prevalance rates vary widely from state to state. Studies that have examined these problems emphasize the limitations of the data, but indicate that a high percentage of all validated reports (25% to 30%) involve adolescent victims.[2] Two of the key findings of the National Study of the Incidence and Severity of Child Abuse and Neglect that relate to age distribution of maltreated children are, 1) that substantial numbers of children of all ages are abused and neglected and, 2) that the maltreatment incidence rate for adolescents is more than twice the rate for preschool age children.[3] Secondary analysis of data collected in the National Incidence Study pertaining to adolescents is currently underway and is expected to generate additional comparisons.

The purpose of this chapter is to trace the interest of the federal government in the particular problem of adolescent maltreatment. Space does not permit a full historical perspective on the role of the federal government in the social welfare problems of youth. It should be noted, however, that recognition of such responsibility began with a citizens' crusade against child labor, which resulted in the establishment of the U.S. Children's Bureau in 1912, in the Department of Commerce and Labor. The work of the Children's Bureau subsequently influenced the overall practice of child care and the development of legislation for the protection of children.[4] The ensuing development of child protective services as a part of the network of public social services confirmed the national growing concern that children have rights as individuals which society must protect.[5]

As described by Saad Z. Nagi, who referenced the work of Mason P. Thomas, Jr. in his recent critique of national policy on child maltreatment, the 1960's brought increased public awareness to the problems of child abuse and neglect, demonstrated by a voluminous literature and the attention of the mass media to the subject. The 1962 amendments to the Social Security Act made it mandatory that each state "develop a plan to extend child welfare services including protective services to every political subdivision." The 1960's also saw the development of a model child abuse and neglect reporting law and the adoption of such reporting laws by every state. Unfortunately, emphasis ws given to reporting, without equal weight to service needs.[6]

The Department of Health, Education and Welfare (DHEW) established an Interdepartmental Committee on Child Abuse and Neglect in 1973, operating under the leadership of the Office of Child Development which included representation from the Social Rehabilitation Service, the Public Health Service and the Office of Education.[7] Four million dollars was set aside in Fiscal Year 1974 for new projects to assist abused and neglected children and their families. The purpose of the Interdepartmental Committee was to coordinate the work of all DHEW agencies concerned with the problem.

Several federal departments and agencies had initiated programs in the area of child abuse and neglect in response to increasing national pressure. With the passage of the Child Abuse Prevention and Treatment Act (Public Law 93-247) on January 31, 1974, the National Center on Child Abuse and Neglect was established in the Office of Child Development, DHEW, to provide a focal point for Federal

involvement. Among other tasks specified in the Act, NCCAN was charged with the responsibility of establishing an Advisory Board composed of representatives from relevant Federal agencies. The Board's purpose was to assist the Secretary in coordinating programs and activities throughout the Federal government and to assist in the development of Federal standards for child abuse and neglect prevention and treatment programs.[8]

Under the Act, the term child abuse and neglect is defined as "the physical or mental injury, sexual abuse and exploitation, negligent treatment of a child *under the age of eighteen*, or the age specified by the child protection law of the State in question . . .".[9]

Early projects funded both before and after the establishment of NCCAN focused primarily on younger children. However, a few projects which accepted referrals from the full age range of children attending schools or hospital clinics, served an exceptional number of older children.[10]

In 1974, when funds were made available through the National Institute of Child Health and Human Development (NICHD), Dr. Ira Lourie of the National Institute for Mental Health (NIMH) decided to combine his interest in working with disturbed adolescents and their families with a desire to take a closer look at those families presenting the symptoms of abuse and neglect. As a result of his consultative work with the Child Protective Services Unit in Montgomery County, Maryland, Dr. Lourie was concerned about the high rate of referrals of children between the ages of 12 and 18. Similarly, in a nation-wide study of adolescent girls, Dr. Gisela Konopka had found an unexpectedly high number who related experiences of maltreatment.[11] Unofficial information from runaway youth houses also indicated that abuse and neglect was a major problem.

In December, 1975, a two-day conference for local direct service workers was held at the University of Minnesota in order to learn more about the phenomenon of adolescent maltreatment. This meeting was partially funded by NIMH and NICHD to help broaden understanding. Participants found, as they shared their experiences, that a more systematic approach to the problem of adolescent maltreatment was needed. Both NIMH and NCCAN, which were represented at the meeting, agreed that additional efforts should be made to stimulate further study.[12]

Three small contracts relating to the incidence of adolescent abuse were funded by NIMH-NICHD in 1975-1976 to youth-serving agencies. These alternative service agencies were: Prince George's County Hotline, Inc., Riverdale, Maryland; Special Approaches in Juvenile Assistance (Runaway Youth House), Washington, D.C.; and Youth Emergency Service Corporation, St. Louis, Missouri.[13] These early projects suffered from lack of clear definitions of adolescent maltreatment and from difficulties of statistical data collection. However, they did clearly document the fact that the problem existed. Subsequently, in 1977, NIMH funded three demonstration projects using community-wide organizational approaches to intervention and treatment in adolescent abuse and neglect. These three projects were located in Prince George's County, Maryland, St. Paul, Minnesota, and Bexar County, Texas. Effective coordination models were developed by these projects with child protective services units, mental health centers and a variety of other agencies involved in planning and service delivery.[14]

A major landmark in the study of adolescent maltreatment can be found in the work of Urban and Rural Systems Associates (URSA) in their two-volume study prepared under contract to the Youth Development Bureau (YDB), DHEW. This contract was awarded in 1977, "to increase the knowledge base regarding the scope of the problem and to learn more about the service provided at the community level to address the needs and problems of abused adolescents."[15] Based on prior statistical data submitted by runaway youth houses, YDB was keenly aware of an increasing number of youth reporting abuse within their family settings, and was particularly concerned with the development of treatment and intervention models. YDB worked in coordination with NCCAN and NIMH in the preparation of the request for a proposal for this contract.

The study, published in July 1979, presented major findings about four different categories of issues: definitions, identification, intervention and typology. A working symposium to review early drafts of intervention models and treatment approaches was held in October 1978, in the Monterey Peninsula, California. This meeting brought together 40 key individuals from either adolescent abuse and neglect-related programs across the country or from federal government agencies interested in developing programs in adolescent abuse and neglect.[16]

While the URSA study did help to increase the knowledge base about adolescent maltreatment, the report raised many questions about the effectiveness of the few existing treatment programs in this area. For example, it indicated that newly emerging methods for diagnosing different types of maltreatment (i.e. physical abuse, emotional abuse, neglect and sexual abuse), needed to be carefully studied

Eight demonstration projects in the area of adolescent maltreatment have been funded by the Administration for Children, Youth and Families (ACYF), Office of Human Development Services, Department of Health and Human Services (DHHS) (formerly DHEW). These include the four projects described in this publication, as well as the four projects funded by YDB in 1980. The YDB grantees are: Nassau County Youth Board/Runaway Youth Coordinating Council, Hempstead, New York; Huckleberry House, Columbus, Ohio; Youth Shelter of Galveston, Galveston, Texas; and Juvenile Assistance of McLean, Ltd., McLean, Virginia.

These projects were designed to implement and test innovative approaches for the provision of social and support services to maltreated youth and their families based on intervention and service models generated under the URSA study.

To answer some of the broader questions raised by both the URSA study and the demonstration projects on such issues as typologies of maltreatment, family patterns favoring abuse and chronic/episodic characteristics, NCCAN funded three adolescent maltreatment research projects in July, 1981. These grants were awarded to : Pennsylvania State University's College of Human Development; University of California at Irvine, Department of Pediatrics; and the URSA Institute, San Francisco, California. It is expected that these research projects will reflect the interaction of research and practice, building on the work of the URSA study and clinicians' experience in the demonstration projects.

Another aspect of the federal government's concern with the problem of adolescent maltreatment came under the aegis of the Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP), which was responsible for assessing the relationship between the juvenile justice system and child abuse and neglect. Based on a preliminary national assessment, a significant pattern of system reaction emerges.[17] Runaway youth, whose families often are abusive and neglectful, may come in contact with the juvenile court as status offenders. Once such abused or neglected youth are adjudicated as status offenders, they not only may be denied certain types of social services outside the justice system but, within the system itself, may be more likely than non-neglected status offenders to be placed in an institutional setting.[18] Data suggests that both abused/neglected and delinquent youth are products of similar family environments and that there are gaps in our knowledge about the characteristics of such families. The Department of Justice recommends that research and demonstration programs in regard to youth problems that are consistent with the broader perspective of families in crisis should be supported.[19]

Projects related to this recommendation were the Family Violence projects, funded by the Law Enforcement Assistance Administration in 1978 and evaluated by OJJDP. An early finding of that evaluation showed a high correlation between clients in the projects involved in family violence who also experienced violence in their own childhood.

Concern is also surfacing about the "labeling" issue; i.e., how youth are identified as a result of the ways in which they come to public attention. It has been found that service needs largely are unrelated to the labels of abused/neglected, juvenile delinquent or emotionally disturbed youth.[20] For example, an abused/neglected youth may be relabelled as a status offender and then be caught up in the juvenile justice system. One of the issues that OJJDP is now looking at in assessment of new juvenile codes in the States of California and Washington is the relabelling and transfer of youth from the juvenile justice system to the social service system, and vice versa.

Through the tasks of chronologizing the growth and development of the national interest in the problem of adolescent maltreatment, it became apparent that the threads of this fabric are held together by discussions between professional colleagues—ideas that are shared and generated into productive programs. In this brief account, many names of those who played important roles in the planning and development of policy and programs are not mentioned, yet their contribution has been invaluable.

There is no question that adolescent abuse and neglect are serious problems that require the continuing concern and involvement of both the public and private sectors of society. It is hoped that the work of the four NCCAN adolescent maltreatment projects as described in this publication will provide significant ideas and practical program utility for those dedicated to working with abused and neglected youth.

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Chapter X
Results of A Study on the Community Impacts of the Four Adolescent Maltreatment Projects

Johannes Troost, M.Ed.
and
Leslie Medina, M.P.A.

In September, 1978, the National Center on Child Abuse and Neglect (NCCAN) funded four adolescent maltreatment projects as part of its overall effort to support the demonstration of new and innovative models for treating child abuse and neglect. The four projects included the Division of Youth and Family Services, Atlantic City, New Jersey; Diogenes Youth Services, Sacramento, California; Youth In Need, St. Charles, Missouri; and Project Response, Waterville, Maine.

The Atlantic City project was part of a statutorily-identified child protective services agency with legal responsibility for responding to incidents of abuse and neglect throughout Atlantic County, New Jersey. The Sacramento and St. Charles projects were community-based organizations with systems approaches to providing services to youth and their families, particularly runaway and homeless youth. These two projects were funded through a grant awarded to the National Network of Runaway and Youth Services (NNRYS), which was responsible for the coordination of efforts by the two runaway youth programs in the demonstration project. The Waterville project was set up specifically to provide clinical services to maltreated adolescents and their families. While the Atlantic City project was a division within a larger public entity, the last three projects were independent service agencies.

The systems approach of the St. Charles and Sacramento projects had an underlying hypothesis, that systems change will ultimately impact favorably on the clients themselves. Systems approach agencies see themselves as part of a larger response system to community-wide problems of adolescent abuse and neglect. Their object, one explicitly stated by the two projects under consideration, is to effect systemic changes in policies, procedures, approaches and attitudes concerning the problems of adolescent abuse and maltreatment. Accordingly, they work closely with related community agencies to coordinate service delivery, define agency roles, and pool available resources.

The clinical approach exemplified by the Waterville project, on the other hand, was far narrower in scope. The clinical model posited direct intervention by the service delivery agency with the individual or family involved. Contact with other agencies providing analogous services geared toward changing the policies and procedures of those agencies was not a project goal and, as a result, was more limited in the clinical model than in its systems approach counterpart. System change was not a goal of either Project Response or the Atlantic City agency.

At a cluster conference held in Los Angeles in November, 1979, the four projects identified the need for additional research regarding their specific impacts on the communities in which they operated. The Sacramento and St. Charles projects felt this assessment was critical, given that much of their work focused on changing the systems which traditionally respond to adolescent maltreatment in their communities. Although community impact was not designated as a major goal of the other two projects, Atlantic City and Waterville agreed that an assessment of the project's community impact would be helpful in determining if the mere existence of projects focusing on services to maltreated youth would, in fact, alter the provision of services to maltreated adolescents within their communities.

It was determined that Urban and Rural Systems Associates (URSA) would work with the NNRYS and the projects to develop and implement a design to assess the community impact of the four programs. URSA already had evaluation responsibilities for the adolescent maltreatment projects, as well as the four sexual abuse projects in the overall group of nineteen clinical demonstration of specialized treatment projects, through a subcontract with Berkeley Planning Associates (BPA). In August, 1980, after input and review from the four adolescent maltreatment projects, the NNRYS, BPA, and NCCAN, a final design was approved for the community impact study. The study focused on types of change identified by the projects through discussions with URSA during the November cluster conference.

The purposes of the community impact study, then, were to document the changes, if any, which occurred in the community's approach to and perceptions of adolescent maltreatment, and to assess the role played by the adolescent maltreatment project in bringing about these changes. The major hypothesis tested in the study was that the funding and operation of an adolescent maltreatment

demonstration program in a community has significant impact on the community's attitudes and approaches to problems involving maltreated adolescents.

The URSA approach to the community impact study was a qualitative rather than a quantitative analysis of change. Data was collected through baseline and exit interviews with a number of key respondents from preselected agencies in each host community. The data suggested the existence of three types of change within each of the communities and this typology became the basis for organizing URSA's study. First, the study focuses on changes within individual agencies that are part of the existing abuse and neglect system, that is, changes in individual agency approaches to and procedures for dealing with adolescent maltreatment. The second focus is on systems or community change, such as the development of multi-agency agreements on working relationships in the area of adolescent maltreatment or community-wide activities in the area of adolescent maltreatment, for instance, community training programs. The third type of change the study examines is individual change—changes in perceptions and attitudes toward adolescents and/or their families.

The impressions reported in the study provide a significant, if limited, picture of community impact and change regarding responses to adolescent maltreatment within each of the four communities. To demonstrate the extent of these changes, this chapter presents a case study of each community, followed by an analysis of the data based on URSA's typology of change. Finally, a summary of major findings is presented along with suggested directions for further research.

Methodology

The approach to the community impact study involved the collection of data at each site from both project staff and key personnel in several other community agencies. Data was collected from written questionnaires as well as from face-to-face interviews conducted during site visits to the four projects at two points in time. The initial round of interviews occurred in September and October of 1980. The second and final round of interviews was conducted one year later, in October and November 1981. The results of the data collection process were then organized into case studies of each community as presented in the next four sections of this chapter.

The projects agreed to identify staff in four types of agencies common to all sites who would be interviewed by URSA. These four types were: 1) a social service/child protective services agency, 2) a juvenile or family court, 3) a school district, and 4) a law enforcement agency. A fifth agency was identified by each project as significant in the community response system to adolescent maltreatment, and not included in the previously chosen agencies.

Prior to the October, 1980, site visits, a questionnaire was sent to the adolescent maltreatment project directors asking them to identify two key respondents from each of the community agencies previously selected. One respondent was to be an administrative/supervisor and one a line staff worker. In addition to identifying community respondents, the questionnaire asked the project director to respond to a set of questions regarding each agency he or she identified. The questions were similar to those asked of the agency respondents during the site visit. They included questions regarding perceived changes in attitudes toward adolescent maltreatment, and changes in procedures or approaches by an agency in the community. Project directors were also asked whether any changes they had identified could be attributed to the existence or activities of the project.

Before the 1980 and 1981 site visits, URSA evaluation staff assigned to each of the four projects reviewed the returned questionnaires and scheduled appointments with agency staff identified by the project director.

URSA site liaisons then conducted face-to-face interviews with each identified respondent. Site liaison staff utilized interview guides, asking questions similar to those asked of the project directors. Respondents to the October, 1980 interviews were re-interviewed during the second round of community interviews in October 1981. If 1980 respondents were no longer working with the agencies, the persons currently filling their positions in the agencies were interviewed instead. Again, the focus of the interview was to determine agency or system changes in procedure or approaches and changes in individual attitudes toward adolescent maltreatment since the implementation of the adolescent maltreatment project in the community.

The Atlantic County Adolescent Maltreatment Project, Atlantic City, New Jersey

The Atlantic County Adolescent Maltreatment Project (ACAMP) serves clients throughout Atlantic County. Located along the southern New Jersey Coast, the county has a population of just under 200,000. The project's host community, Atlantic City, is in the midst of a tremendous construction boom resulting from the legalization of casino gambling. The boom is changing the face of the city, augmenting the number of its 42,000 residents as it attracts people looking for casino and service jobs, along with numbers of prostitutes drawn by the gambling industry. The boom has also set off an inflationary spiral, as the city's older housing stock is torn down and its older, black and poor residents are displaced.

ACAMP itself is a project of the Division of Youth and Family Services (DYFS). The project was created to increase the Division's ability to deal with adolescent abuse, which is becoming a significant problem with the changes wrought

by the casino economy. ACAMP's employees are hired by DYFS through civil service examinations.

Baseline interviews were conducted with the ACAMP Project Director and respondents from five agencies in September 1980. The agencies included the New Jersey Division of Youth and Family Services, the Atlantic County Juvenile and Domestic Relations Court, the Uptown Complex Elementary School and Chelsea Junior High School, Galloway Township Police, and the Atlantic Mental Health Center's Adolescent Treatment Unit. The Project Director noted five changes in community agency responses to adolescent maltreatment shared by all five other agencies: increased interest in adolescent maltreatment, awareness of the project, the development of an Advisory Board which raised the level of interaction among service providers, the initiation of an adolescent task force by the local Human Services Council, and, in three cases, increased cooperation.

The Project Director noted several agency-specific changes as well. DYFS staff was more aware of adolescent maltreatment as a result of ACAMP's location within it. DYFS had also developed and institutionalized written policies and procedures for project referral criteria, and had initiated attempts at inter-agency cooperation around issues of service delivery and referral procedures. The court had welcomed the court liaison position funded through the project, referrals from the schools had increased, and police appeared more sensitive to the problem of adolescents.

Community agency respondents held varying opinions regarding the efficacy of ACAMP's services. Respondents from all five agencies indicated the need for ACAMP to provide counseling and placement services rather than traditional casework services, and DYFS and mental health each noted the need for caseworker training. While the respondents from the elementary school were unaware of ACAMP—possibly as a result of the project's location with DYFS—the attitudes of the other respondent agencies generally paralleled those of ACAMP's Project Director.

Exit interviews conducted one year later underscored the school's baseline response. Insofar as court, police and school respondents were aware of the services provided by ACAMP, they ascribed the services to DYFS. While there was a general perception that DYFS and project staff had an increased awareness of the need for adolescent services, that staffing counseling skills had grown, and that a clinical treatment model was developing, those agencies with negative perceptions about DYFS tended to transfer those perceptions at ACAMP insofar as they were aware of the project's existence. The police, for example, saw an ACAMP-sponsored conference and the project's Host Home Program—both of which they viewed favorably—as DYFS projects. Similarly, the court—now responding negatively to the liaison position because of its failure to reduce the caseworker time spent in court—perceived the liaison as a DYFS position. Mental health and DYFS, on the other hand, had grown considerably more favorably to ACAMP in the course of the year. Both agencies implemented institutional changes in service delivery and broadened their constituencies and reportage, while DYFS created a new unit to deal specifically with adolescent neglect cases.

On the whole, ACAMP appears to have had a limited impact on its community and on the response system for maltreated adolescents. Only DYFS and mental health respondents attributed changes in awareness regarding adolescent maltreatment issues to ACAMP, although community change was not an explicit project goal. The project had relatively low visibility because it was located within its host agency, DYFS. Because of this, and because of the animosity which some respondents had towards DYFS, perceived changes in the community response system have been minimal.

Youth in Need, St. Charles, Missouri

Youth In Need (YIN), a community-based organization which serves adolescent and runaway youth in St. Charles County and vicinity, was founded to provide alternatives to detention through support services (shelter, a hotline, and counseling) to local youth in crisis. St. Charles County has a population of 115,000, almost 99% white, earning middle income salaries. Its major city, St. Charles, has 42,000 residents. There are four smaller cities in the county.

YIN's small-community setting has facilitated the development of intra-agency relationships and communication among providers of adolescent maltreatment services, although this setting has also hampered awareness of, and response to, issues of adolescent abuse and neglect. YIN has responded to this lack of awareness by a systems approach which combines service provision to its client population with attempts to effect systemic changes among related service agencies in order to impact better on affected youth and their families.

The procedure for URSA's site visits in St. Charles paralleled that in Atlantic County. After prior contact and agency respondent identification, an URSA evaluation staff person spent three days in the St. Charles area during September, 1980, interviewing YIN's Project Director, the Project Director from the Missouri Division of Family Services' (DFS), St. Charles office, and personnel from the St. Charles Juvenile Court, the City of St. Charles Police Department, the Wentzville School System, and the Jane Crider Community Mental Health Center.

During the baseline interview, YIN's Project Director noted four systemic changes as well as changes in individual agency procedures. The systemic changes included:

- Increased information-sharing which resulted from a

series of community forums, hosted and conducted by YIN, which enabled response system personnel throughout St. Charles County to network on a specific individual worker basis.

- Familiarization with services which enabled communi ty agencies to appreciate the range of programs provided by YIN to runaway youth and to families in crisis.
- Greater credibility which developed through YIN's service expansion, resulting in the project's viability as a resource for family crisis intervention.
- Rising community awareness in the areas of child and adolescent maltreatment.

Among the specific agency changes the Project Director noted were increases in joint counseling and treatment among YIN staff, social services agencies, and court workers, a more flexible foster care policy, and written clarification for police on legal rights and responsibilities in adolescent abuse and neglect cases.

Agency respondents generally supported the Project Director's perceptions, stressing YIN's viability as a community resource for youth and families. These positive responses indicated that any initial doubts about YIN's service capabilities had been dispelled. In addition, social service respondents noted a YIN-developed flow chart detailing agency roles in the community response system which has been incorporated into the DFS handbook, and increased reporting by the schools of instances of abuse and neglect. The courts praised YIN's mediating role in working with social services, the police, and the courts to insure service delivery to affected youth, and law enforcement personnel noted that adolescent maltreatment had become a part of the curriculum in the police training academy.

The exit interviews conducted in October, 1981, reflected a changed atmosphere brought about by the budget cuts and service cutbacks, including staff layoffs. This led both to ambiguities and hostilities within the community response system and a shift in YIN's focus from systems change to one of confronting its own problems of reduced funding.

On the whole, despite the lack of major changes in the year between interviews, agency respondents indicated a continued and increasing positive regard for YIN. Some dissatisfaction had grown around the entire community agency response system. These appear to have resulted from cutbacks, although there had been problems around confidentiality questions, abuse reported by youth in order to get back at parents, and separated and divorced parental reportage of abuse as a weapon in domestic conflicts. The Project Director again mirrored agency comments, recognizing their positive perceptions but worrying about the potential effects of pending budget cuts for the ensuing fiscal year.

Despite the onset of funding problems, Youth In Need has had a significant impact on the St. Charles area community response system to adolescent abuse and neglect. While formal systemic changes were limited, all agency respondents noted positive informal and attitudinal changes, especially those resulting from the YIN-sponsored forums which personalized agency contacts. The service community held YIN in increasingly high regard as a service provider and coordinator, and had a far greater awareness of the issues surrounding adolescent abuse and neglect as a result of YIN's efforts.

Diogenes Youth Services, Sacramento, California

Diogenes Youth Services (DYS) provides immediate services, shelter, and referrals to youth and families through its adolescent maltreatment demonstration project headquartered in its Sacramento Crisis Center. Sacramento County, California has a population of approximately 800,000 people. A quarter of this population resides in the city of Sacramento, while the rest live in contiguous unincorporated areas. Almost a third of the population is under 18 years old, with 12% between the ages of 12 and 17, the project's primary target age group. The county's ethnicity is mixed (83% white, 6½% black, 5% latino, 5½% other) and there are great disparities in income levels.

Diogenes, like St. Charles' Youth In Need, is an independent community-based organization with a systems approach to service provision and agency change. On the whole, the impacts and change achieved by Diogenes closely parallel those of Youth In Need, and confidence in both projects on the part of other service providers rose significantly during the period of this study.

Again, URSA followed the procedures described in detail in the section describing the Atlantic City project. During October, 1980, URSA evaluation staff spent two days in Sacramento County interviewing the Diogenes Project Director and staff from the Sacramento County Child Protective Services (CPS), the Sacramento County Juvenile Court, the Sacramento City Police Department, the San Juan Unified School District, and the Sacramento Child Sexual Abuse Treatment Project (CSATP). The list of respondents changed significantly for the November 1981 exit interviews because of staff resignations in the court and in the school district, a perceived need to test Sheriff Department reactions given the Police Department's known high regard for DYS, and a decision to interview CSATP's parent organization, the Child Abuse Services Council (CASC).

During the baseline interview, DYS Project Director noted a number of changes in the community response system to adolescent maltreatment, most of which had occurred in individual agencies. The most important systemic changes include rising agency awareness of DYS and its services through common participation in community task forces and issue groups, and a formal decision by CPS to allow DYS to provide protective custody for youth housed by its

shelter services. The latter change, ratified by written agreement, necessitated police cooperation because law enforcement agencies had been required previously to remand youth to the county facility for maltreatment services. Individual agency changes attributed to DYS include the informal diversion of abuse cases by the district attorney to DYS for counseling, and a County Board of Supervisors subcommittee review of policies regarding "abandoned incorrigibles" at the county's Children's Receiving House.

Agency respondents indicated heightened awareness of DYS' services and generally supported the DYS Project Director's perceptions. Interviewers stated that DYS offered quality services and that youth served by their agencies knew of Diogenes and had positive feelings about the project. Court and social service respondents felt that DYS staff needed better understanding of other agencies' procedures around adolescent abuse and neglect, but that the project operated well as a secondary screening process for both agencies, enabling them to refer youth for shelter and counseling services. Police indicated a closer relationship with Diogenes' adolescent maltreatment project staff. All agencies felt that they could share confidential case information with Diogenes, and that the information would be handled in a professional manner.

The exit interviews reported few major changes; as in other projects, major changes had occurred before baseline interviews. All respondents noted that DYS' role as a youth service provider had increased, and the project's role as a youth advocate was both appropriate and acceptable. All agencies felt that DYS-initiated community forums, cosponsored by DYS and CASC, had improved the community response system as a whole by heightening agency awareness, increasing interagency familiarity and respect as well as referrals, and better delineating agency roles in responding to adolescent abuse. These impacts filtered down to each agency, enabling attitudinal changes which resulted in a greater sensitivity and a clearer sense of purpose in dealing with abuse and neglect problems. The Project Director's exit responses complemented those of the agencies. She added that three new placement alternatives, including Diogenes, had been developed to meet the needs of abused children and youth, and the Police Department had been mandated by the City Council to develop an officer training program in order to enhance the skills of Department personnel in abuse-related cases.

Of the four communities in this study, Sacramento appeared to be most affected by the presence and activities of the adolescent maltreatment project. The written agreement between CPS and Diogenes is the most important indicator of formal impact, while the respondents' greater awareness of adolescent maltreatment issues brought about by the DYS-CASC forums indicates the extent of attitudinal change. Exit interviews underscored changed agency perceptions that DYS dealt only with runaway youth; respondents felt that providing services to abused and neglected youth had upgraded DYS's legitimacy in their own agencies' eyes. In summary, DYS' adolescent maltreatment project appears to have achieved its stated goal of impacting on and changing the community response system to maltreated adolescents in Sacramento County.

Project Response, Waterville, Maine

Project Response (PR) is an independent, community-based agency serving maltreated adolescents and their families in Kennebec County, Maine. The county contains two small cities, Waterville and Augusta, each with a population of approximately 20,000. Its residents are lower and lower-middle income families, 95% white (including a small number of French Canadians); the rest are Indians.

Project Response grew out of an earlier program, the Community Justice Program (CJP), which coordinated comprehensive community-based criminal and juvenile justice programs under a grant received from the Law Enforcement Assistance Administration (LEAA). CJP won an adolescent maltreatment grant from NCCAN in 1978, the year the LEAA grant terminated. When NCCAN funding expired, CJP was phased out. It now serves only as a host agency for Project Response.

Project Response is a clinical model, rather than systems approach, agency. Its clients, maltreated adolescents and their families, are referred by the Department of Human Services (DHS) for long-term treatment. Every family member undergoes individual therapy supplemented by dyad or family counseling.

Following the procedures described earlier, URSA staff conducted baseline interviews with Project Response and key community agencies in September 1980. Exit interviews took place in October 1981. In addition to the PR Project Director, staff from five types of community agencies participated in the study. The agencies included DHS, the Waterville Police Department, Pleasant Street School and Waterville High School, Kennebec Valley Mental Health Center (KVMHC), and the Augusta District Court. Unlike the case in Sacramento, there was nearly complete continuity among respondent personnel at baseline and exit interviews.

During the baseline interviews, the PR Project Director noted an increased concern about issues of adolescent health within the provider community since the project's inception. Some of this took place as a result of interagency committee contacts, some through training, and some through the very existence of Project Response. The Project Director felt that PR was well-received once its purpose and role were clarified. Little formal change had taken place at baseline, and changes which had occurred were largely unrelated to PR's existence. The Director noted that DHS in particular was initially hostile to the project, perceiving PR as offer-

ing competitive services, although that feeling had changed. Contact with law enforcement was minimal, while that with the schools appeared to be positive and growing. The Director felt that the Mental Health Center's perceptions of PR were negative, and that the court's attitudes were mixed. The last two agencies had exhibited considerable confusion over the relationship between the predecessor agency, CJP and PR, which may have led to some of the negative perceptions. In any case, the Project Director's responses indicated greater change around the attitudes and perceptions of other agencies, rather than with formal or informal changes that had taken place in their relations with Project Response.

Agency responses in Waterville varied more from those of the Project Director than did their counterparts in Sacramento and St. Charles. Respondents from all five agencies felt PR provided a much-needed community service, and two thought that the project's service capacities should expand. DHS and the courts felt that the quality of PR's staff was good, while the schools and mental health had mixed responses to the issue. Four of the agencies viewed PR's independent status as an asset, while the courts thought PR would be better received if it were located in DHS. Respondents agreed with PR's Project Director about the need for long term counseling services. DHS and court respondents expressed some concern that the PR staff was too inexperienced to handle some of the difficult cases which were being referred to PR.

Community agency responses toward PR had become less favorable by the time the exit interviews were conducted, although there was some positive response. DHS and mental health each felt that PR's long-term counseling was an effective, necessary community resource, and that PR's community visibility had led to increased court referrals as an alternative to probation. Law enforcement was also generally positive toward PR, stating that the project's interventions with abused and neglected youth appeared effective, and that the police department now trained its officers to deal with abuse and neglect issues. Other agencies, especially the courts and the schools, noted inexperience, staff turnover, and failures by both DHS and PR to respond to referrals as developing prob'ems. As with ACAMP, negative agency impressions of DHS tended to carry over to the adolescent maltreatment project despite the fact that PR was an independent agency.

Project Response was the most difficult of the four projects to analyze with respect to community impact. The project was a clinically-oriented one, focusing on quality services. In many cases, respondents provided conflicting feedback with respect to the project and its activities. One way to account for this conflict in feedback is that Waterville is a relatively small conservative community. Many of the respondents had strong feelings about the project both in terms of the politics of its existence and the personalities of the individuals employed by the project.

Project Response clearly had its greatest impact on DHS' Protective Services Agency in Waterville. Protective Services' respondents indicated that they had referred the most difficult cases to the project and welcomed Project Response as a much-needed resource of adolescents in the community. School and court respondents indicated some dissatisfaction with both DHS and Project Response. Respondents stated that DHS did not respond quickly enough to reports of abuse and neglect. They also felt that Project Response staff was too young, and too allied with the adolescents it saw. On the other hand, certain community respondents indicated that the Project Director was instrumental in the development and organization of a Parents Anonymous group within the Waterville community. Similarly, the Project Director's participation as chair of a task force on abuse and neglect was seen as an important step in the development of a coordinating body for abuse and neglect issues within the county. It should be noted that these respondents highlighted the individual participation of the Project Director and did not seem to associate her individual activities with those of the project.

It appears that Project Response has had a relatively low impact on the abuse/neglect response system in the Waterville area. It should be stressed, particularly in the case of the Waterville project, that the Project Director and staff saw the project first and foremost as a clinical demonstration whose purpose was to test a theoretical model of treatment for maltreated adolescents.

Findings on Agency Impact

In addition to assessing each project's impact upon their community, URSA also examined project impact collectively upon the various types of agencies participating in the study.

The findings on impact by the type of agency are discussed below according to URSA's typology of change set forth in the introduction. It is important to reiterate briefly how each project perceived itself in relationship to a stated goal of community or systems change. Diogenes Youth Services in Sacramento and Youth In Need in St. Charles perceived systems change as an integral part of their treatment strategy. In both of these communities, the project directors also indicated that other resources existed for maltreated adolescents and their families.

The adolescent maltreatment projects at DYFS in Atlantic City and Project Response in Waterville operated in a different environment. The project directors at both sites noted a lack of services available for maltreated adolescents in their communities. Simultaneously, both of these sites emphasized the development and provision of direct services primarily through their treatment programs. These two projects, then, did not emphasize activities designed to change

other agencies' responses to adolescent maltreatment in the community.

Formal Changes

Formal changes in written policies and procedures were limited across all project sites. They were reported during community interviews by child protective services, police, and school staff. None of the court and mental health agency staff interviewed in this study reported any formal changes. Policy and procedural changes identified by community agency staff as being influenced by adolescent maltreatment project activity are noted.

- Child Protective Services (CPS): In Sacramento, CPS developed a written agreement with the Diogenes Adolescent Maltreatment Project. The new procedure allowed maltreated adolescents to be placed by police and CPS workers in the Diogenes crisis shelter facility. Previously, these youth had to be taken to the county receiving home. The CPS director in Sacramento County attributed this policy to the excellent reputation Diogenes had developed over the past few years. In Waterville, the Department of Human Services created new adolescent care and adolescent protective units as a result of the rising awareness of adolescent maltreatment generated to a large extent by Project Response. The Atlantic County Department of Youth and Family Services created a second adolescent unit to deal with neglect cases. In St. Charles, the Department of Family Services handbook added a flow chart created by Youth In Need which detailed agency roles and responsibilities for responding to cases of adolescent abuse and neglect.
- Police: In Sacramento and St. Charles, police procedures regarding taking youth into custody in suspected abuse cases were clarified. In both communities, officers had been unclear about their legal responsibilities and alternatives regarding custody of adolescents. Police procedures around temporary custody were clarified through a written internal memo from the Chief of Police in St. Charles and the Chief of the Sheriff's Department in Sacramento. Police personel in both communities attributed these changes to the local adolescent maltreatment program (AMP). In Waterville, the Police Department developed a component on child abuse and neglect, while the Atlantic County Adolescent Maltreatment Project added a Home Host Program generally perceived to be a part of the Division of Youth and Family Services.
- Schools: In St. Charles, the assistant superintendent, working directly with the AMP, developed and clarified policies and procedures on reporting child and adolescent abuse in a written memo to school staff. Sacramento, Waterville, and Atlantic City noted no policy or procedural change in their schools. In Waterville, Project Response added the schools to its resource list for families in crisis.
- Courts and Mental Health: Court and mental health personnel in all four communities noted no changes in formal policy or procedures.

Informal Changes

The changes noted most across all communities were informal changes in the approach to providing services to maltreated adolescents.

- *Child Protective Services:* Child protective service agencies assigned specific liaison workers to interface with the adolescent maltreatment projects in each of the four communities. CPS administrative and line staff generally noted an increase in referrals by CPS to the projects as a result of positive line staff interaction between the project and CPS, and their respect for the quality of case work by the staff of the demonstration projects. Adolescent maltreatment projects were perceived by CPS workers in all four communities as an important addition to the abuse and neglect system. Joint counseling and treatment planning among St. Charles' YIN staff, social service providers, and court workers developed as a result of the project. In Waterville, a special committee and multi-disciplinary team formed to define and address issues concerning the adolescent population and its problems.
- *Police:* Police in all four communities noted the positive informal relationship they had developed with the projects and, particularly, in Sacramento and St. Charles, the positive perceptions they had of the host agency.
- *Schools:* In Sacramento and St. Charles, where the projects actively promoted community forums or held training workshops on issues related to adolescent abuse and neglect, school staff interviewed for the study noted more awareness and sensitivity to problems experienced by maltreated adolescents and their families. Again, in both of these communities, school respondents attributed changes in their approach to the activities of the demonstration projects.
- *Courts:* Courts varied most across all communities regarding changes in approach to services for maltreated adolescents. In St. Charles, the court recognized the importance of crisis intervention services for maltreated adolescents and is considering contracting with Youth In Need for these services.

  In Waterville, the court initially referred families to the project. However, during the exit interviews, the court intake worker noted that they no longer refer adolescents to Project Response. One respondent felt that the project's staff was too young and inexperienced

to provide good treatment. In addition, the worker suggested that Project Response staff too often sided with youth, losing objectivity. The judge, at first, noted that he referred youth to the project, however, this understanding was that the project was part of the Community Justice Project; the project from which the Project Response Director came. By the time of the exit interview, the Community Justice Project was out of existence and it appeared that the judge was not aware of Project Response. In Atlantic City, the judge reported the creation of a court liaison position with the Division of Youth and Family Services, and the development of a screening committee, created in March, 1980. He reported that the court liaison position would probably be eliminated because, in his opinion, it failed to achieve its purpose of reducing case worker time spent in court. The Screening Committee, consisting of community agency staff whose purpose was to identify appropriate services for adolescents, was also thought ineffective by the respondent. In his opinion, the committee will continue only if all its members become more active. The respondent did not, however, see these changes in approach as the result of, or unfluenced by, the activities of the adolescent maltreatment project.

- Mental Health: In Waterville, St. Charles, and Atlantic City, mental health staff noted changes in their approach to adolescent maltreatment. In Atlantic City, treatment approaches were expanded to include adolescent, parent and family groups. Criteria for accepting cases was also expanded to include pre-adjudicated youth. In Waterville, the number of adolescent maltreatment cases referred to mental health decreased; mental health reported that these cases were probably being referred to Project Response. In St. Charles, a staff person was assigned as a liaison between the AMP and the mental health agency. The mental health agency also was negotiating a vendor contract with CPS for counseling services to families involved in abuse and neglect. In Sacramento, the agency chose the Child Abuse Services Council instead of a mental health agency as its fifth community agency for the purpose of the study. The Child Abuse Services Council identified Diogenes as the major change agent for youth in the county, and stated that Diogenes had helped strengthen and developed the Council over the last three years.

Attitudinal Changes

In all four communities respondents from most of the community agencies noted attitudinal changes toward adolescent abuse and neglect during the period under investigation. Often, these changes were attributed to the activities of the existence of the adolescent maltreatment project in the community. The Sacramento and St. Charles Projects, in particular, gained legitimacy in the eyes of their service provider communities because they were perceived as having changed from providing services only to runaways to addressing the problems of adolescent maltreatment in a family-oriented context.

- *Child Protective Services:* Respondents in every CPS agency in the study noted that their attitudes toward abused adolescents had changed. Prior to project implementation, CPS respondents stated a tendency to see adolescents as having provoked abuse. Respondents now felt there were valid reasons for acting-out behavior on the part of the youth involved in abuse situations, and stated they were less likely to blame the youth. Respondents also noted a greater awareness of the needs of adolescents involved in abuse situations, and the necessity to see adolescent abuse as a symptom of dynamics occurring within the family system. CPS staff attributed these attitudinal changes directly to project activities.
- *Police:* In three communities—Sacramento, St. Charles, and Waterville—police respondents in the study stated that their awareness of the issues and dynamics of adolescent abuse had increased. Police in Sacramento and St. Charles felt they had a much clearer idea of what to do when called to intervene in domestic situations involving abuse. They also expressed a concern that adolescents in abuse situations needed more empathy from police. In these three communities, police attributed changes in awareness to the activities of the adolescent maltreatment projects. Another concern voiced by police respondents in Sacramento and St. Charles was a feeling that parents in separation and divorce cases were using maltreatment issues as a way to exploit their relationships with the estranged spouse. This "cry wolf" syndrome was becoming a negative factor with police in responding to some abuse and neglect situations.
- *Schools:* In the two communities, Sacramento and St. Charles, in which the projects organized community-wide forums, school respondents in the study indicated an increased awareness of the reporting laws and more sensitivity to the concerns of maltreated adolescents. They also felt that school staff in general had become more sensitive to the needs of abused and neglected children. They attributed these changes to the activities of the adolescent maltreatment project in their community. School respondents in Waterville and Atlantic City indicated that few, if any, attitudinal changes toward adolescent abuse and neglect occurred during the period. For the most part, school respondents in both of these communities stated that they had little knowledge of the demonstration projects.

- *Courts:* Court personnel in Sacramento and St. Charles noted increased awareness and concern for the needs of maltreated adolescents. Like their CPS counterparts, they indicated the necessity of viewing the maltreatment within the context of family dynamics. In both communities these changes were attributed to the demonstration projects. Court respondents in Sacramento and St. Charles also stated positive feelings for the programs as a resource for youth and families. Court respondents in Waterville and Atlantic City indicated no changes in attitude or awareness regarding maltreated adolescents. In both these communities, court respondents indicated dissatisfaction with the way mandated social service agencies responded to reported incidents of abuse and neglect, but they were not familiar with the service delivery efforts of the demonstration projects.
- Mental Health: Respondents in mental health agencies in Atlantic City, St. Charles, and Waterville all indicated increased awareness of the extent and range of problems facing maltreated adolescents. However, respondents' attitudes of concern and empathy for victims of adolescent abuse remained the same. In all three communities, respondents' attitudes toward the projects were positive; each respondent saw the projects as important resources in the community for victims of abuse and neglect. In Sacramento, a representative of the Child Abuse Services Council stated that the Council's regard for the project and the host agency had increased over the last few years. The respondent also felt that community awareness of the problems of adolescent abuse had increased as a direct result of the project's activities in the community.

The following chart summerizes URSA's overall findings on community impact.

Parameters of the Study

This study is a preliminary attempt to assess the impact upon a community of a program specific to adolescent maltreatment. The results of the study indicate that the four adolescent maltreatment projects under consideration have had significant impact on certain segments of their host communities' response system to the problems of adolescent abuse and neglect. This study's ability to measure program impact is, however, limited. Specifically, the study is constrained by the following parameters:

- As the Waterville case study in particular points out, the projects appear to have impacted on their host communities by the mere fact of their existence. These impacts were probably reinforced by two factors: first, three of the communities are small cities, while only Sacramento is a fairly large city. Since service provider populations of St. Charles and Atlantic County are small, it is not surprising that the awareness of the adolescent maltreatment projects and the services they render was fairly widespread within them, although this awareness seemed lacking in Waterville. Second, the effects of the interviewing process itself may well have heightened awareness of the adolescent maltreatment projects among the agencies interviewed and/or their representatives. Site interviews in small towns may in themselves have created new perceptions of the projects, or ones different from those which had previously existed.
- Given the limited scope of the study, the data which the study elicited consists only of the impressions of the respondents. URSA interviewed agency representatives whose agencies might have been affected by the adolescent maltreatment projects. Adolescents and their families were not interviewed, nor were members of the larger host communities.
- URSA's baseline and exit interviews covered five types of agencies: child protective services (CPS), schools, police, mental health services, and the courts. The interviews were structured around a three-level typology of perceived impacts: formal change, informal change, and attitudinal change. Again, the data collected was qualitative in nature, consisting of verbal impressions of these changes on the part of agency representatives. No quantitative data relevant to these changes was collected during the study.

Summary of the Data

The greatest degree of change indicated by the interviews took place at the informal level—that is, in terms of unwritten policy and procedural changes among and within the agencies connected to adolescent abuse and neglect community response systems. The second greatest level of impact occurred in terms of attitudinal changes on the part of individuals working within the agencies, while formal policy and procedural changes within and among community agencies were least frequent.

Of the five types of agencies involved, child protective services reported the greatest level of perceived impact at all three levels, with the police a close second. Mental health agencies and the courts reported significant informal and attitudinal changes but little formal change; while, with the exceptions of St. Charles and Sacramento, the schools reported little, if any, impact resulting from the existence of the adolescent maltreatment projects.

It is also worth noting that each of the projects which were constituted as independent agencies, St. Charles' Youth In Need, Sacramento's Diogenes, and Waterville's Project Response, and respondents from other social services in

Summary of Findings On Community Impact

AGENCY/QUESTION	FORMAL CHANGE				INFORMAL CHANGE				ATTITUDINAL CHANGE			
	Atlantic Co.	St. Charles	Waterville	Sacramento	Atlantic Co.	St. Charles	Waterville	Sacramento	Atlantic Co.	St. Charles	Waterville	Sacramento
Is Change a Goal?	o	x	o	x	o	x	o	x	o	x	o	x
Child Protective Services	x	x	x	x	x	x	x	x	x	x	x	x
Court	o	o	o	o	x	x	•	x	o	x	o	x
Police	x	x	x	x	x	x	x	x	o	x	x	x
Mental Health	o	o	o	N/A	x	x	x	N/A	x	x	x	N/A
Child Abuse Services Council	N/A	N/A	N/A	x	N/A	N/A	N/A	x	N/A	N/A	N/A	x
Schools	o	x	x	o	o	x	o	x	o	x	o	x

x = Yes
o = No
• = Negative
N/A = Not Applicable

these communities reported that the projects had a level of community impact that was significantly higher than that reported by Atlantic County's Adolescent Maltreatment Project. ACAMP is constituted as an arm of New Jersey's Division of Youth and Family Services. St. Charles and Sacramento, the systems approach agencies, and other social service respondents from those two cities, further reported a greater level of awareness, impact and change of all three types than did the clinically-based Waterville project and other agency respondents from that community. Community agency responses were also generally more positive toward the St. Charles and Sacramento projects than toward their Atlantic County and Waterville counterparts. This may well reflect the importance placed on outreach activities to related agencies as emphasized by the Sacramento and St. Charles projects.

Areas for Further Research

Given the primary limitation of this study, i.e., the impressionistic nature of the interview data, a need exists for the collection of quantitative data on community impacts. Approaches to such a quantitative study, as well as other specific suggestions for further research, are summarized below:

- Collection of quantifiable data on client outcomes: Quantifiable data should be collected in the area of community impacts. Such data might both substantiate the perceptions gathered from interviews and, more importantly, enable evaluative mechanisms which would compare the relative efficacy of the clinical and systems approaches to service provision. Such evaluative capacity would enable program planners to choose between

or prioritize these different approaches in order to develop the proper mix of clinical and systems approaches to service development. The relative desireability of systems change in community approaches to adolescent abuse and neglect might also be established in this way. One possible side benefit of improved community service planning would be the reduction of interagency misperceptions and distrust about potentially complementary programs.

- Collection of data on the prevalence of adolescent abuse and neglect: URSA's survey did not address the areas of incidence or changing frequencies of adolescent maltreatment. While some respondents indicated that awareness of the projects has led to a higher rate of reporting adolescent abuse and neglect in their communities, they did not provide URSA with a data base in this area. Nor did URSA attempt to establish the relationship between any increases in reporting and activities of the demonstration projects.
- Consideration of larger community needs: The URSA survey was limited to project and community agency responses. Members of the target population and their families were not interviewed, nor were community figures beyond the social service providers. While a number of agencies have clearly become more aware of adolescent abuse and neglect issues during the lives of the adolescent maltreatment projects, it is not known whether this awareness has developed beyond those agencies. Whether adolescent maltreatment projects impact on their larger host communities and, if so, what the nature of this impact is, are areas which were beyond the scope of this study.
- Service provision capabilities: Even if definite levels of adolescent abuse and neglect services are established as both desireable and necessary, communities still have to decide upon the most rational and efficient manner in which to deliver such services. As the St. Charles interviews in particular show, recent cutbacks have led to confusion over agency jurisdiction as the level of services declines, as a result of diminishing funds. This tends to render community response capabilities problematic. In an era of decreasing funding for social services, the question may well become how best to plan for adequate service provision on a community-wide level and how best to minimize any duplication and waste among agency and program efforts, which can threaten the existence of programs essential to the community's welfare.

Chapter XI
Preliminary Research on Selected Adolescent Maltreatment Issues: An Analysis of Supplemental Data From The Four Adolescent Maltreatment Projects

Jane Berdie, M.S.W.
and
Sandra Wexler, M.A.

Introduction

This substudy is one product of the Urban and Rural Systems Associates (URSA) subcontract with Berkeley Planning Associates (BPA) to conduct research and evaluation of 19 NCCAN-funded clinical demonstration projects. This substudy focused on client characteristics in the four adolescent maltreatment projects. This substudy focused on client characteristics in the four adolescent maltreatment projects: Diogenes Youth Services, Sacramento, CA; Youth In Need, St. Charles, Missouri; Division of Youth and Family Services, Atlantic City, New Jersey; and Project Response, Waterville, Maine.

This substudy was guided by three areas of inquiry: 1) prior work in the area of adolescent maltreatment by URSA (a policy study for the Youth Development Bureau which resulted in a report on: Adolescent Abuse and Neglect: Intervention Strategies and Treatment Approaches); 2) discussion with the staff of the National Center on Child Abuse and Neglect (NCCAN) adolescent maltreatment projects and other knowledgeable professionals in this area; and 3) a review of the literature on adolescent maltreatment and related areas.

Based on this review of the literature and on discussions with staff of the NCCAN adolescent maltreatment projects as well as other knowledgeable professionals, URSA identified seven research issues to be investigated in this substudy. These issues, which were not addressed by the BPA client-focused instruments, were designed specifically to explore the dynamics of adolescent maltreatment within the family. The seven research issues were:

- Patterns and age of onset of maltreatment.
- Identification and reporting of childhood maltreatment.
- Contacts with local agencies.
- Residential mobility of maltreated adolescents.
- Family roles.
- Drugs and alcohol.
- Reciprocal violence.

Methodological Approach

The four adolescent maltreatment projects gathered data on client youth for this substudy. While these projects gathered data on all client youth, only the data on client youth who were identified as victims of maltreatment were analyzed. For the purpose of this data collection effort, an adolescent was defined as an individual from 12 through 17 years of age.

Projects were instructed to complete the substudy forms at the same time they completed BPA's adolescent client termination forms. Persons responsible for form completion were the caseworkers or clinicians having overall responsibility for the adolescent client(s). Forms were completed on all adolescents who were clients of the project between October 1, 1980 and September 30, 1981.

The total sample of adolescent clients in this data analysis is 207. Clients were relatively evenly distributed among three of the projects—New Jersey, Maine, and California. St. Charles, Missouri contributed fewer clients than the other three projects. The total number of adolescent client substudy forms completed for each project was:

- Diogenes Youth Services, Inc., Sacramento, California 66
- Youth In Need, St. Charles, Missouri 34
- Division of Youth and Family Services, Atlantic City, New Jersey 65
- Project Response, Waterville, Maine 52

Overview of Findings

The findings of this substudy suggest that adolescent maltreatment is most often an extension of child maltreatment, although in a substantial minority of cases the mal-

treatment begins in adolescence. Generally the longer the maltreatment has occurred, the more complex it is (i.e., involving more types of maltreatment).

As has been suspected by clinicians, the majority of maltreated youth have experienced several types of maltreatment, the most common being emotional maltreatment. Yet the presence of emotional maltreatment seems to function in a way which masks the case. That is, it prevents it from being reported. Sexual abuse is also largely unreported. However, nearly one-quarter of all subjects in this study (which included males and females) were found to be sexually abused at some point in their lives. This strongly suggests the importance of including this issue in intake interviews of all maltreated youth (especially females) regardless of the presenting problem.

The notion that adolescent maltreatment tends to be masked by the youth's own acting out behavior was supported in this study. While 71% of these youth had been maltreated prior to adolescence, only four in ten had been reported to Child Protective Services. However, over 60% of these youth were involved with agencies such as courts, mental health, special school programs, etc., within the five years prior to admission to the adolescent maltreatment project. It appears that a significant number of maltreated youth are labeled by their own behavior rather than by how they have been treated. When type of agency contact is compared to family roles, it is apparent that it is the youth who are aggressive in their families who are involved with the juvenile court for delinquency or status offenses.

Residential mobility appears to be inordinately high for substantial proportion of maltreated youth. Some of the mobility reflects a pattern of "foster care drift" in which a youth who is placed by an agency of the youth-serving system becomes at risk to drifting from placement to placement. However, in 39% of the cases the mobility reflects the youth's own attempt to change residence. Often, it appears that the maltreated adolescent may initiate multiple attempts at leaving a stressful home situation.

The adolescent maltreatment projects appear to have had some success in keeping or moving youths back to their homes. Sixty percent of youths were living at home or with relatives by the time of project termination.

The concept of "family role" was explored and the distribution of role types indicates that half of the subjects of this study were seen as family scapegoats by project staff at the point of intake. For 20% of the youth, "scapegoat" was the primary role identified by project clinicians. However, by the point of project termination, the most common primary role ascribed was "outsider," suggesting that there is a tendency for youth to disengage from families during treatment.

Substance use was found to be a common factor in maltreatment situations. In 40% of cases, substances (primarily alcohol) were being used by either the parent or the youth during the most recent occurrence of maltreatment. In another 12% of cases, the argument precipitating the most recent maltreatment incident involved accusations about substance usage. Clearly, the possible presence of substance abuse problems should be a focus of intake and treatment capabilities.

The contention that maltreated adolescents are, like children, psychologically vulnerable to maltreatment is supported by the findings on reciprocal violence. Only 19% of the youth in this study had struck a parent within the last two years. The youth who had been physically abused themselves were most likely to strike a parent. However, the great majority of youth who had been physically abused (78%) were not reported to have been physically violent towards parents. In only a few cases was a parent injured from physical violence by a youth. Thus, it appears that most maltreated youth cope with maltreatment in some way other than retaliation. It appears their tendency is to act out or withdraw rather than physically defend themselves.

More detailed presentation of the findings of the substudy are organized by research issue.

RESEARCH ISSUE #1: Age of Onset and Type of Maltreatment Patterns

Type of Maltreatment

Of the youth for whom type of maltreatment could be determined, 33% were found to have experienced a single type of maltreatment throughout their lives, while 67% had experienced more than one type (Table 1.1). As a group, the youth whose maltreatment began in childhood experienced a significantly higher rate of multiple types than did youth whose maltreatment began in adolescence ($x^2 = 18.18, p \leq .00002$). These data suggest that the longer a young person has been maltreated, the more likely it is that maltreatment will become varied in terms of type. This is discussed below, under childhood onset.

Table 1.1
Multiple and Single Diagnoses of Maltreatment Among Youth Throughout Their Lives (N = 198)

	Single		Multiple	
Age of Onset	Freq.	%	Freq.	%
Childhood (N = 152)	38	25%	114	75%
Adolescence (N = 46)	27	59%	19	41%
TOTAL	65	33%	133	67%

Most young people in this study had experienced emotional maltreatment (68%) or physical abuse (54%), while one-third (35%) had experienced neglect and one-fourth (24%) had experienced sexual abuse (Table 1.2).

Table 1.2
Types of Maltreatment Experienced by Youth (N = 200)*

Type	Frequency	%
Emotional Maltreatment	135	68%
Physical Abuse	107	54%
Neglect	69	35%
Sexual Abuse	48	24%

***Clinicians were instructed to code all types of maltreatment experienced. Because of multiple coding, percentages are based on the sample size (N = 200) and do not sum to 100%.**

Age of Onset

Information was gathered which allowed URSA to determine the age category at which adolescent maltreatment victims first experience maltreatment. The staff at each of the four adolescent maltreatment projects was asked to indicate which of the following maltreatment patterns were experienced by the youth:

- Onset of maltreatment was in childhood and continued through adolescence.
- Onset of maltreatment was in childhood, maltreatment then stopped and resumed in adolescence (interrupted pattern).
- Onset of maltreatment was in adolescence (12-17 years).

Of the data-complete cases, fully 71% were of the pattern with onset during childhood and continuous maltreatment through adolescence (Table 1.3). In 23% of the cases, maltreatment began during adolescence. Only 6% of the cases were of the interrupted pattern type.

Table 1.3
Frequency of Age of Onset Patterns

	Frequency	%
Onset Childhood: Continuous	142	71%
Onset Childhood: Interrupted	12	6%
Onset Adolescence	46	23%

The dearth of cases which fall into the interrupted pattern of maltreatment may simply reflect difficulties of data collection in this area. More likely, it represents the fact that this pattern is quite rare. An incidence of 6% suggests that there might be a small group of maltreated adolescents and their families which are characterized by this pattern. However, little can be said about them from these data. As a result, a larger category which represented maltreatment with onset at childhood (including continuous and intermittent patterns) was used to analyze data in contrast with those cases in which maltreatment had its onset at adolescence.

Childhood Onset Pattern

Cases in which maltreatment began in childhood represent more than two-thirds of the cases in this study. The patterns of maltreatment experienced by these youth were quite varied, both in childhood (Table 1.4) and in adolescence (Table 1.5). For both childhood and adolescence, two-thirds of the cases are accounted for by five specific maltreatment patterns: emotional maltreatment only, physical abuse only, physical abuse and emotional maltreatment, emotional maltreatment and neglect, and physical abuse and emotional maltreatment and neglect.

Table 1.4
Pattern of Maltreatment in Childhood for Cases of Maltreatment with Childhood Onset (N = 154)

Types	Frequency	%
Emotional Only	31	20%
Physical Only	25	16%
Physical and Emotional	20	13%
Physical, Emotional and Neglect	19	12%
Emotional and Neglect	16	10%
Sexual Only	12	8%
Neglect Only	9	6%
Physical, Sexual and Emotional	6	4%
Physical, Sexual, Emotional and Neglect	5	3%
Sexual and Emotional	4	3%
Physical and Neglect	4	3%
Sexual, Emotional and Neglect	2	1%
Sexual and Neglect	1	1%

Table 1.5
Pattern of Maltreatment in Adolescence For Cases of Maltreatment with Childhood Onset (N = 153)

Type	Frequency	%
Physical and Emotional	28	18%
Physical, Emotional and Neglect	22	14%
Emotional and Neglect	17	11%
Physical Only	16	10%
Emotional Only	16	10%
Physical, Sexual, Emotional and Neglect	10	7%
Physical, Sexual and Emotional	9	6%
Neglect Only	9	6%
Sexual and Emotional	8	5%
Sexual, Emotional and Neglect	7	5%
Sexual and Neglect	4	3%
Physical and Sexual	2	1%
Physical and Neglect	2	1%
Sexual Only	2	1%
Physical, Sexual and Neglect	1	1%

A clinician uses several criteria to gauge the complexity of a maltreatment case. Severity of maltreatment is clearly one indicator—e.g. whether fractures or bruises resulted from the maltreatment. Another clinical referent may be the number of different types of maltreatment present in any one case. The URSA data were analyzed to examine the presence of single versus multiple diagnoses. Multiple diagnoses represent 53% of the childhood cases of maltreatment, and 72% of adolescent patterns of maltreatment for these same individuals (Table 1.6). This is a strongly significant statistical difference ($X^2 = 10.6$, $p \leq 0.001$). It indicates that continued cases of maltreatment become more complex as the child matures into adolescence, at least as measured by the presence of multiple diagnoses.

Table 1.6
Single vs. Multiple Diagnoses of Maltreatment by Onset Pattern

Onset Pattern	Single Diagnosis	Multiple Diagnoses
Onset in Childhood:		
Childhood	71	83
Adolescence	43	110
Onset in Adolescence	27	19

Adolescent Onset Pattern

Maltreatment which begins in adolescence also presents a variety of patterns (Table 1.7). Emotional maltreatment only, physical abuse only, and the combination of the two account for 60% of the cases of adolescent onset maltreatment. As with the childhood onset pattern, emotional maltreatment was most frequently a component of the reported pattern, followed by physical abuse, neglect, and sexual abuse. Multiple diagnoses accounted for only 41% of the maltreatment cases in the adolescent onset group.

Table 1.7
Pattern of Maltreatment for Cases of Maltreatment with Adolescent Onset (N = 46)

	Frequency	%
Physical Only	10	22%
Emotional Only	9	20%
Physical and Emotional	8	17%
Sexual Only	6	13%
Emotional and Neglect	4	9%
Physical, Emotional and Neglect	3	7%
Sexual and Emotional	3	7%
Neglect Only	2	4%
Physical and Sexual	1	2%

RESEARCH ISSUE #2: Identification and Reporting of Childhood Maltreatment

Childhood Maltreatment and Reporting

Projects were asked whether their adolescent clients were ever reported to the mandated child protective services (CPS) agency as abused or neglected children between birth and age 11. In 83% of the cases, the projects were able to determine this information. Of these cases, 41% of the clients were found to have been reported as children, while 59% had not (Table 2.1).

Table 2.1
Total Cases Reported to CPS in Childhood

	Frequency (N = 144)	%	% Based on Adjusted Frequency (N = 165)
Yes	67	34%	41%
No	98	49%	59%
Unknown	34	17%	—

Thus approximately four in every ten cases known to have involved childhood maltreatment were clearly reported as such. This finding generally supports the projection that less

than half of the child maltreatment cases are reported (Gil, 1970). A possible explanation is that childhood reports were not made in some cases because the nature or conditions of the maltreatment did not warrant a report. To some extent this can be analyzed from these data (Tables 2.2—2.5). When type of childhood maltreatment is compared to childhood CPS reports, the findings are as follows:

- The presence of neglect led to a higher percentage of reporting than any other type of maltreatment.
- Sexual abuse and emotional maltreatment were the types of maltreatment which made a child most likely to be "invisible" to the CPS system.
- When only one type of maltreatment occurred, CPS reports were made less frequently than if two or more types occurred. The exceptions were: 1) the presence of neglect, which was highly reported alone as well as in combination with other forms of maltreatment, and 2) the presence of sexual abuse which, even in combination with other types of maltreatment, kept a case hidden from CPS the greatest majority of times.

Table 2.2
Presence of Neglect in Childhood Maltreatment and CPS Reporting (Total N = 152)

	Case Reported		Case Not Reported		Unknown	
	Freq.	%	Freq.	%	Freq.	%
Neglect Present (N = 43)	33	61%	10	19%	11	20%
Neglect Not Present (N = 98)	29	29%	53	54%	16	16%

$X^2 = 19.414$, $p \leq .00006$

Table 2.3
Presence of Emotional Maltreatment in Childhood and CPS Reporting

	Case Reported		Case Not Reported		Unknown	
	Freq.	%	Freq.	%	Freq.	%
Emotional Maltreatment Present (N = 101)	41	40%	39	39%	21	21%
Emotional Maltreatment Not Present (N = 51)	21	41%	24	47%	6	12%

Table 2.4
Presence of Sexual Abuse in Childhood and CPS Reporting

	Case Reported		Case Not Reported		Unknown	
	Freq.	%	Freq.	%	Freq.	%
Sexual Abuse Present (N = 30)	11	36%	16	53%	3	10%
Sexual Abuse Not Present (N = 122)	51	42%	47	39%	24	20%

Table 2.5
Presence of Physical Abuse in Childhood and CPS Reporting

	Case Reported		Case Not Reported		Unknown	
	Freq.	%	Freq.	%	Freq.	%
Physical Abuse Present (N = 79)	35	44%	29	37%	15	19%
Physical Abuse Not Present (N = 73)	27	37%	34	47%	12	16%

If childhood neglect was present, it was more likely for a case to have been reported to CPS than if any other single type of maltreatment was present. Sixty-one percent (61%) of all cases known by the projects to have involved neglect in childhood were reported to CPS, while only 28% of cases not involving neglect were reported (Table 2.3). This finding is of interest from several perspectives. Most cases of childhood maltreatment are reported as neglect (AHA, 1981). One explanation of this is that most cases of maltreatment really are neglect. However, the findings of this substudy suggest that neglect is reported at a higher rate than all other types of maltreatment combined ($X^2 = 19.42$, $p \leq .0006$) and thus the rates of other types of maltreatment might be even higher than existing report data indicate.

Clearly, emotional maltreatment (always difficult to define and adjudicate) and sexual abuse (almost "invisible" to service providers when many of these adolescents were young) were types of maltreatment not often reported (Tables 2.3 and 2.4). Speculation about the masking effect

of sexual abuse, particularly in combination with emotional maltreatment, suggests support for two contentions:

- The service system only recently has been "looking" for sexual abuse and "if one is not prepared to see it, one won't" (Sgroi, 1975).
- A common dynamic in families with sexually abused children is secrecy (Mzreck and Kempe, 1980). Families who emotionally maltreat children in addition to sexually abusing them may have highly effective secrecy maintenance mechanisms.

Adolescent Maltreatment and Reporting

Since the four projects that collected data were all designed to serve maltreated adolescents, a higher percentage of their clients were expected to be reported to CPS in their adolescence than had been reported in their childhoods. In 200 cases, the type of maltreatment in adolescence was identified by the projects; whether a CPS report was made in adolescence was determined in 97% of these cases. In 70% of these, the case was reported. When compared to the report rate in childhood (41%), there is clearly a significantly higher rate of reporting in adolescence. However, this difference in reporting is due largely to the focus these projects have on maltreatment.

Thirty percent of the adolescent maltreatment cases were not reported to CPS. As found in the URSA study for the Youth Development Bureau (URSA, 1979), some adolescent maltreatment that meets the legal definition of abuse or neglect is not being reported even though the agencies in contact with the youths define them as maltreated.

During their adolescence, the youth population in this study were least likely to be reported if they were emotionally maltreated only (50% known reported), or physically abused only (63% known reported). While other categories were also low in reporting—neglect and sexual abuse; physical and sexual abuse; physical, sexual and emotional maltreatment—the frequencies in each cell were too small to generalize.

It seems clear that emotional maltreatment is reported at a relatively low rate because it is hard to define and to adjudicate legally except in extreme circumstances or in conjunction with other types of maltreatment. Physical abuse may be reported at a somewhat lower rate because bruises, cuts, etc., are not defined as "abuse" by CPS as often in an adolescent as in a child (URSA, 1979). However, it appears that both physical abuse and emotional maltreatment in combination with other forms of maltreatment increase the reporting rate.

RESEARCH ISSUE #3: Contacts With Local Agencies

The more social programs are involved with a youth, the more likely it is that one could use the term "multi-serviced" to describe the youth. The extent to which these adolescent clients had prior contact with non-CPS social service or criminal justice agencies may be an indicator of multi-serviced youth. Likewise, the fact that a youth has had one or more contacts with a non-CPS agency, the more likely it is that the youth is being identified as having problems in addition to or other than those of being a victim of parental maltreatment. This, in turn, suggests that the youth is likely to have been given a label other than that of "maltreated."

This substudy addressed the issue of the number and types of agencies (other than CPS) with which the youth had been in contact during the five years preceding admission to the demonstration project. Project staff were asked to document the number and types of agencies (excluding CPS) that the youth received services from both in the five years prior to project contact as well as during the period in which the youth received project services. This information was analyzed in terms of the two issues identified above: that is, whether these clients had penetrated the local service delivery system in such a way as to be characterized as multi-serviced, and whether it appears that these youth have been labeled (or mislabeled) as a result of these contacts. The data also were examined to disclose differences in non-CPS agency contacts attributable to the type of maltreatment and age of onset.

As illustrated in Table 3.1, fully 62% of the adolescent clients of the demonstration projects were reported to have had contact with local agencies (excluding CPS) during the five years prior to project admission. Among the youth indicating previous involvement with a local non-CPS agency, almost half (51%, or 30% of the total sample) reported receiving services from two or more agencies. The mean number of non-CPS agencies contacted by these youth during that five-year period is reported to be 1.93.

Table 3.1
Contact with Agencies (Excluding CPS)
During 5 Years Prior to Admission (N = 203)

	Frequency	%
Yes	126	62%
No	77	38%

Table 3.2
Number of Agencies (Excluding CPS) with Which Clients had Contact During 5 Years Prior to Admission (N = 126)

Number of Agencies	Frequency	%
1	62	49%
2	33	26%
3	16	13%
4	9	7%
5	5	4%
6	1	1%

$\bar{X} = 1.93$

Youth whose maltreatment began in childhood were more likely to have been in contact with a greater number of non-CPS agencies than were their counterparts whose maltreatment started in adolescence ($t = 2.03$, $p \leq .05$, one-tailed). Thus, whereas slightly more than half (54%) of the adolescent-onset clients reported prior agency involvement, almost two-thirds (64%) of the childhood-onset clients reported such contacts. On the average, these childhood-onset victims reported contacts with 2.09 non-CPS agencies while these adolescent-onset victims reported contact with 1.40 non-CPS agencies. This finding suggests that significant portions of both groups (i.e., childhood-and adolescent-onset victims) may be characterized as multi-serviced. In particular, childhood-onset clients may have penetrated the local service delivery system at many points and may be considered as being multi-serviced youth. In this sample, more than a third (36%) of the childhood-onset victims had received services from two or more non-CPS agencies in the five years preceeding project admissions.

Table 3.3
Number of Agencies (Excluding CPS) with Which Clients Had Contact During 5 Years Prior to Admission By Onset Patterns

Number of Agencies	Childhood Onset (N = 157)		Adolescent Onset (N = 46)	
0	56	36%	21	46%
1	44	28%	18	39%
2	28	18%	5	11%
3	15	10%	1	2%
4	8	5%	1	2%
5	5	3%	0	—
6	1	1%	0	—

The type of abuse, e.g., sexual, neglect, etc., does not appear to affect the number of agencies with which the youth had contact. While there is some variation in the mean number of agencies contacted by type of maltreatment, these differences are not statistically significant ($p > .05$, two-tailed). Moreover, there is no statistically significant difference within type of maltreatment by onset pattern ($p > .05$, two-tailed).

In terms of types of agencies previously contacted, youth in this study most frequently reported having had contact with the juvenile courts during the five years prior to project intervention (see Table 3.4). Juvenile court involvement in response to an abuse and neglect petition was the most common cited reason for prior contact. Nevertheless, approximately 21% of the youth reporting prior agency involvement had been in contact with the juvenile courts due to delinquency petitions, while 27% were seen for status offenses. This suggests that, for at least a quarter of these youth, their involvement and hence label in the juvenile court system was for being "bad" rather than being maltreated.

Further, almost 30% of the adolescent clients reporting prior contacts with non-CPS agencies in the previous five years indicated having received services from a mental health program. In addition, 27% of these youth (or almost 17% of the total sample) experienced school problems severe enough to warrant their inclusion in special education programs.

Table 3.4
Contact With Other Agencies Prior to and During Involvement With Project (N = 207)

Agency	Number of Youth With Other Agency Contacts 5 Years Prior To Admission	Number of Youth With Other Agency Contacts While Receiving Project Services
Juvenile Court— Abuse/Neglect	39	42
Juvenile Court— Status Offense	34	26
Juvenile Court— Delinquency	26	36
Mental Health	59	60
School Program	35	37
Runaway Program	27	32
Substance Abuse	9	14
Other Programs	27	55

The pattern of agency involvement after admission to the demonstration project is quite similar to that evidenced during the preceding five years (see Table 3.4). One interesting

difference is that a greater proportion of youth were referred to juvenile court on delinquency petitions after the intervention of the demonstation project than were so referred before admission. Increased involvement with substance abuse and "other" programs also is noted after admission.

These data suggest the maltreated adolescents are experiencing and being treated for problems beyond the specific maltreatment incident. The extent of non-CPS agency involvement, both prior to admission as well as subsequently, is consistent with previous findings indicating that maltreated adolescents are often identified on the basis of their acting-out behavior rather than their maltreatment.

RESEARCH ISSUE #4: Residential Mobility of Maltreated Adolescents

Residential mobility was defined in this substudy as instances in which the youth moved away from his or her family home for a period of two weeks or longer. Thus, rather than characterizing residential mobility as the number of times that the family changed residences, the term was defined strictly in relation to the maltreated youth. The effects of such residential mobility upon youth depends on many factors, including the reasons for the move, the meaning of the move to the youth and family, and the number and length of moves. Moving, even when it is desired, is stressful. The most common instrument for personal assessment of stress (Holmes-Rahe Scale) ranks "moving" as one of the most likely stressors that can contribute to illness. However dysfunctional the youth's family may be, moving away usually causes stress.

For the purposes of this substudy, two aspects of residential mobility were investigated. First, as distinct from maltreated children, maltreated adolescents may have greater resources (if only by virtue of being older) with which to leave their family environment. While maltreated children have limited options in terms of changing their residential situations, maltreated adolescents themselves may initiate changes in their living situations. Behaviors such as running away or moving in with friends or relatives may in fact be a healthy response on the youth's part to a dysfunctional family environment. Viewed in this way, an important question explored in this substudy was the extent to which these adolescent clients initiated such residential changes and the relationship of this type of residential mobility to other characteristics of the maltreatment.

The second aspect of residential mobility which was investigated during the substudy involved residential changes which resulted from court orders. As with maltreated children, maltreated adolescents may be removed from their family home through the intervention of a mandated agency. In particular, maltreated adolescents may be especially prone to "foster care drift" wherein the youth over time is placed in a number of different foster care settings.

Project staff were asked to record the number of residential changes made by the youth as well as the number which were the result of a court order during the three-year period prior to project admission.

Slightly more than half of the youth in this substudy (54%) reported two or more residential changes during the three years preceding contact with the demonstration project, with 17% reporting five or more moves (Table 4.1). Thirty percent of the adolescent clients reported at least one of their residential changes was the result of a court-ordered move (Table 4.2).

Table 4.1
Residential Moves in the Last 3 Years (N = 200)

Number of Moves	Freq.	%
None	62	30%
One	27	13%
2-4	77	37%
5 or more	34	17%

Table 4.2
Court Ordered Moves in the Last 3 Years (N = 200)

Number of Moves	Freq.	%
None	140	70%
One	22	11%
Two	23	11%
Three or more	15	8%

While the intervention of a mandated agency and subsequent court-ordered move accounted for a portion of the residential mobility reported by these youth, a substantial number of the reported moves appear to have been initiated by the maltreated adolescents. Among the youth reporting at least one residential change during the three years preceding project involvement, fully 57% of the youth self-initiated their residential change(s) (Table 4.3). In particular, among those reported to have moved two or more times during the period under consideration, almost half of these youth (46%) did so without a court order. In terms of the total sample, approximately four in ten of the maltreated adolescents (39%) initiated at least one attempt to leave their family home. In light of the literature on the association of stress with moving, this finding suggests that, for a substantial proportion of adolescent maltreatment victims, the stress associated with their family environment may be far greater than the stress involved in oft-repeated residential moves.

The data support the notion that, for many adolescent maltreatment victims, leaving their families, often by running away numerous times, is a valid and much used option.

Table 4.3
Initiated at Least One Residential Change (N = 138)

	Freq.	%
Court Order	60	43%
Youth-Initiated	78	57%

Other data support this conclusion. Eighty-seven percent of the client youth were living at home at the time of the most recent incident of maltreatment prior to admission to the demonstration projects. However, by the time these youth had their first contacts with the projects, only 52% lived at home (Table 4.4). Most had moved into emergency shelters (increase from 1% to 6%). By project termination, the percentage of youth living at home dropped to 45% and the percentage of youth in social service placements (juvenile facility, foster and group homes) had increased from the time of the first incident of maltreatment but had dropped since the time of admission to the projects.

Table 4.4
Residence of Youth at Times of Most Recent Maltreatment Incident Prior to Admission (T^1), at the Time of First Contact with the Projects (T^2), and at Project Termination (T^3)

	T^1		T^2		T^3	
Termination	Freq.	%	Freq.	%	Freq.	%
Home with Abuser	178	86%	104	50%	92	45%
Home without Abuser	2	1%	5	2%	10	5%
Emergency Shelter	2	1%	51	25%	2	1%
Juvenile Detention Facility	1	1%	3	1%	12	6%
Foster Home	2	1%	10	5%	18	9%
Group Home	0	—	3	1%	9	4%
Relatives	2	1%	3	1%	20	10%
Friends	2	1%	7	3%	16	8%
On the Run	3	1%	16	8%	6	3%
Other	5	2%	5	2%	17	8%

RESEARCH ISSUE #5: Family Roles

The projects were asked to characterize adolescent clients by the roles they play in their families. Ten roles were presented, each with a brief definition, as follows:

- Parental Child. Youth is required to or assumes adult role in family—e.g., inappropriate household responsibilities; a lover.
- Scapegoat. Youth is blamed by family for almost every problem.
- Informer/Contact. Youth sought/seeks help for family from outsiders by informing others of problems in the family.
- Angel. Youth can do no wrong in the eyes of his/her parent(s).
- Target. Youth is primary/only recipient of maltreatment in the family.
- Peacemaker. Youth attempts to resolve fights between other family members.
- Martyr. Youth believes (or assumes the role) that all the family's problems are his/her fault.
- Provocateur. Youth continually initiates conflict—in fact, as opposed to the perceptions of others.
- Boss. Youth dominates his/her family, sometimes may even use physical force.
- Outsider. Youth withdraws or detaches from all family interactions, either physically or emotionally or both.

These roles were chosen by URSA in consultation with the staff of the four projects and with Dr. Ira Lourie, NIMH, whose work in the field of adolescent abuse and neglect has influenced much of this substudy. Some of these roles have been identified in group and family counseling literature. The names given to these roles are those used frequently by youth workers of the four projects to describe the youth in their programs. The roles are generally descriptive of youth from families in conflict and are not limited to youth who have been maltreated. It should be stressed that analyses of these roles and their intersection with other maltreatment variables is exploratory in nature.

Intake: Description of Roles

At the time of intake, 98% of all client youth in the study were characterized as having one of these ten roles as a primary role. The most common role ascribed to project youth was the role of "Scapegoat" (Table 5.1).

Table 5.1
Primary Family Role at Intake (N = 204)

Role	Frequency	%
Scapegoat	41	20%
Target	33	16%
Parental Child	32	16%
Provocateur	31	15%
Informer	17	8%
Martyr	15	7%
Outsider	15	7%
Boss	9	4%
Angel	5	3%
Peacemaker	3	2%
None Apply	3	2%

"Scapegoat" was indicated to describe half of the clients in this study. The definition for this term was quite restrictive—i.e., the youth is blamed by the family for *almost every problem*. That half of the adolescent clients were classified as scapegoats indicates that their families may have been in states of crises and quite dysfunctional, at least at the time of intake. Blaming one member of the family for almost all of its problems is a rather primitive form of problem-solving and often leads to expelling the scapegoat. Clearly the projects saw dysfunction in this role, labeling it a strength in only three percent of the cases.

The "Target" role, in which the youth was the primary or only recipient of maltreatment in the family, was the primary role for 16% of client youth. However, 46% of the youth were identified in this role when non-primary roles are included, indicating that, in approximately half of the families, one member appears to be the sole or primary recipient of maltreatment.

The "Parental Child" role was primary for 16% of client youth and was held by 36% of all client youth. This role was seen as a strength in nearly one out of five cases, likely helping a child to survive in a family by taking on adult responsibilities. This finding suggests that in approximately one-third of the families significant parental duties have been given up to a child. The parental child role has been described in relation to childhood maltreatment in which the parent looks to the child for love, comfort, help and other types of support adults usually receive from other adults, often the spouse. This, the presence of such a large percentage of parental children indicates the presence of parents or parent figures who are not meeting adult needs by contact with their spouse and/or other adults or who are putting an unusual amount of responsibility for household duties onto adolescents.

The "Provocateur" role, primary for 15% of youth and held by 43% of all youth, was seen as a strength in only three percent of all cases. These youth continually initiate conflict, and may risk victimization as a result of their provocative behavior.

The "Informer" role, held as a primary role by eight percent of the youth but identified in 42% of all youth in the study, was characterized as a strength more often than any other role (95%). It describes youth who sought out help by telling others about the maltreatment. Although it cannot be analyzed within this study, it may be that the informer role is more descriptive of adolescence than childhood, as adolescents generally have a larger social network, have a better understanding that their maltreatment is wrong and are more capable of verbalizing the maltreatment than are children. An interesting point is that nearly six out of ten youth in this study did not seek help by discussing their maltreatment with others. This supports Lourie's notion that adolescents are much more psychologically vulnerable to maltreatment than is often assumed (Lourie, 1979).

The "Martyr" role was identified in 24% of all youth and defined as primary in seven percent of the cases. The martyr role was defined quite restrictively—the youth believed or assumed that *all* of the family's problems are his or her fault. The finding that one in four adolescents believed this about themselves also supports Lourie's notion about the psychological vulnerability of adolescent maltreatment victims.

The "Outsider" role was held by 22% of youth and characterized as the primary role for seven percent of the youth. Again, this role was defined quite restrictively—the youth withdrew or detached from *all* family interactions either physically or emotionally or both. Such detachment is extreme and may be indicative of a sense of hopelessness by the adolescent as to the ability to have a positive role in his or her family.

The "Boss" role was identified in 18% of all youth and was the primary role of four percent of the youth. This dominating role was played by nearly one in five of the youth in this study. It might be that parents in these families allow this kind of takeover or it may mean that these adolescents were attempting to "fight fire with fire". Clearly it was not seen as a useful role by the demonstration project staff, since 16% of all cases identified in this role were defined as a strength by project staff.

The "Angel" role was held by ten percent of all youth and deemed primary for three percent. The angel was the youth who could do no wrong in the eyes of one or both parents. These youth were probably caught in parental conflict and were being maltreated by one parent and canonized by the other. One can speculate that such youth were primarily pawns in seriously detrimental games of marital anger.

The "Peacemaker" role was played by only six percent of all youth in the sample. It was defined as the primary role in only two percent of the cases. The peacemaker at-

tempted to resolve fights between others in the family. It appears that to the extent this role exists in families, it was not played by youth who were maltreated. It appears that the youth in this study have learned to cope with family problems by other means.

Intake: Interaction of Roles

Since most of the youth were in two or more roles, it is interesting to see whether some of these roles overlapped in patterned ways at the time of intake. Common role combinations are shown in Table 5.2.

Table 5.2

Primary Role	Most Common Secondary Role	Most Common Tertiary Role
Scapegoat	Target	Provocateur
Target	Scapegoat	Provocateur
Parental Child	Provocateur	Martyr
Provocateur	Scapegoat	Target
Informer	Target	Provocateur
Martyr	Scapegoat	Parental
Outsider	Scapegoat	Provocateur
Boss/Tyrant	Provocateur	Scapegoat
Angel	Parental Child	Informer
Peacemaker	Parental Child	Martyr

Several role patterns emerge, including one characterized by aggression and another by placating behavior. The role associations are as follows:

- Aggressive role pattern—provocateur, boss, target, scapegoat
- Placating role pattern—martyr, parental, angel, peacemaker

While scapegoat intersects both role patterns, it appears more frequently in conjunction with aggression and is therefore included in this role pattern. While provocateur characterizes the aggression role pattern, it intersects with the placating pattern in its association with the parental child. These two role patterns account for 84% of client youth when analyzing primary role only. Of these, about four in ten are passive and six in ten are aggressive (Table 5.3). It appears that aggressive behavior on the youth's part is more commonly associated with maltreatment, although fully one in four youth play a largely placating role.

Table 5.3
Role Patterns as Primary Roles (N = 201)

Role Pattern	Number of Youths For Whom This is Primary Role	%
Aggressive (Provocateur, boss, target, scapegoat)	114	57%
Placating (martyr, parental child, angel, peacemaker)	55	27%
Other Primary Role	32	16%

These role constellations do not permit exploration of the degree to which "placating" might actually be "passive-aggressive"—that is, the placating behavior is in itself provoking. One speculation is that the roles of parental child, martyr, angel and peacemaker are enacted by these youth in such a way as to anger their victimizers. Another speculation is that these youth are unable to find any family role, however passive or placating, in which they can protect themselves from maltreatment.

Intake and Termination

Projects were asked to characterize their clients by role at the time of termination from the project as well as at intake. Thus a comparison between primary roles at these two points in time can be made. Some significant changes can be observed.

The most common primary role at the time of project termination was outsider, accounting for 20% of the youth at termination, compared to only seven percent at intake (Table 5.4). This suggests that, during the course of involvement

Table 5.4
Primary Family Role at Termination (N = 204)

Role	Frequency	%
Outsider	41	20%
Scapegoat	31	15%
Informer	29	14%
Provocateur	29	14%
Target	21	10%
Parental Child	18	9%
Boss	10	5%
Peacemaker	8	4%
Angel	7	3%
Martyr	7	3%
None Apply	3	2%

in the project, a sizeable percentage of youth disengaged from their families. Reports of the informer role also rose

from eight percent of the primary roles to 14%, suggesting that some youth reached out beyond the family to seek help by discussing their maltreatment. While this might at first appear to be an artifact of project involvement, this alone does not account for the increase in informer as a *primary* role. Decreases are seen in scapegoat (from 20% to 15%), target (from 16% to 10%), parental child (from 16% to 9%), and martyr (from 7% to 3%). Provocateur decreased by only two youths or one percent.

Other Role Analyses

Primary role at intake was compared to variables relating to violence by youth toward parents and use of drugs or alcohol within the family. These comparisons are analyzed in Research Issues #6 and #7, respectively.

RESEARCH ISSUE #6: Drugs and Alcohol

Since maltreatment is often seen as related to lack of parental involvement (e.g., neglect) or loss of parental control (abuse), it would seem likely that alcohol or drugs would be present in at least some cases. Generally the findings of this substudy indicate that a relationship exists between maltreatment and drug/alcohol usage.

Use of Substances

The projects were asked to report on the use of drugs and alcohol in relation to the most recent occurrence of maltreatment involving the youth. Of the cases where the presence of alcohol or drugs could be determined, the findings were as follows:

- In 29% of the cases, the parent who maltreated the youth was under the influence of alcohol (Table 6.1).
- In seven percent of the cases, the maltreating parent was under the influence of drugs (Table 6.2).
- In one-third (33%) of all cases, the maltreating parent was under the influence of drugs, alcohol or both (Table 6.3).
- In eight percent of the cases, the adolescent was under the influence of alcohol (Table 6.4).
- In seven percent of the cases, the adolescent was under the influence of drugs (Table 6.5).
- In ten percent of the cases, the adolescent was under the influence of drugs and/or alcohol (Table 6.6).
- In three percent of all cases, both the maltreating parent and the adolescent were under the influence of drugs or alcohol (Table 6.7).

Table 6.1
Maltreating Parent Reported Under the Influence of Alcohol

	(N = 202)	%	% Based on (N = 170)
Yes	50	25%	29%
No	120	59%	71%
Unknown	32	18%	—

Table 6.2
Maltreating Parent Reported Under the Influence of Drugs

	Frequency (N = 202)	%	% Based on Adjusted Freq. (N = 166)
Yes	11	5%	7%
No	155	77%	93%
Unknown	36	18%	—

Table 6.3
Maltreating Parent Reported Under the Influence of Drugs or Alcohol or Both

	Frequency (N = 202)	%	% Based on Adjusted Freq. (N = 166)
Yes	55	27%	33%
No	111	55%	67%
Unknown	36	18%	—

Table 6.4
Adolescent Reported Under the Influence of Alcohol

	Frequency (N = 202)	%	% Based on Adjusted Freq. (N = 188)
Yes	15	7%	8%
No	173	86%	92%
Unknown	14	7%	—

Table 6.5
Adolescent Reported Under the Influence of Drugs

	Frequency (N = 202)	%	% Based on Adjusted Freq. (N = 177)
Yes	13	6%	7%
No	164	81%	93%
Unknown	25	12%	—

Table 6.6
Adolescent Reported Under the Influence of Drugs or Alcohol or Both (N = 188)

	Freq.	%
Yes	20	10%
No	168	90%

Table 6.7
Distribution of Reports of Parental Figure Under The Influence of Alcohol/Drugs by Adolescent Under the Influence of Alcohol/Drugs

Youth Under Influence of Alcohol/Drugs	Parental Figure Under Influence of Alcohol/Drugs			
	Yes		No	
Yes (N = 19)	7	37%	12	63%
No (N = 183)	48	26%	135	74%

Thus, substance use was involved in a full 40% of all cases. For the most part, it was the maltreating parent who was reported as using drugs or alcohol. These data support the proposition that substance use is often a factor in incidents of maltreatment.

Indirect Role of Substance Use

Alleged substance use also plays a role in maltreatment. In 12% of the cases, the maltreatment incident resulted from an argument about the adolescent's alleged use of substances although he or she was not under the influence at the time (Table 6.8).

Table 6.8
Argument Resulted from Adolescent's Actual or Perceived Involvement with Drugs/Alcohol

	Frequency (N = 202)	%	% Based on Adjusted Freq. (N = 196)
Yes	23	11%	12%
No	173	86%	88%
Unknown	6	3%	—

Age of Onset

Adolescent use of drugs or alcohol during the most recent incident of maltreatment was analyzed in terms of childhood and adolescent onset of maltreatment (Table 6.9). The childhood onset group was slightly more likely to have been under the influence of substances (11%) than was the adolescent onset group (6%), but this difference was not statistically significant.

Table 6.9
Distribution of Age of Onset by Reports of Adolescent Under the Influence of Alcohol/Drugs

Adolescent Under the Influence of Alcohol/Drugs	Age of Onset			
	Childhood		Adolescence	
Yes (N = 20)	17	85%	3	15%
No (N = 181)	138	76%	43	24%

Primary Roles

Substance usage during the maltreatment incident was compared to the primary role of the adolescent at the time of intake. It was found that youth with aggressive role patterns were more likely than placating youths to have been under the influence of drugs or alcohol (13% vs. 4%, $x^2 = 3.717$, $p \leq .05$) (Table 6.10).

Table 6.10
Distribution of Primary Role at Intake and Reports of Adolescent Under the Influence of Alcohol/Drugs

	Frequency	%
Aggressive (N = 114)	15	13%
Placating (N = 155)	2	4%
Outsider (N = 15)	1	7%
Informer (N = 17)	2	12%

$X^2 = 3.7177$, $p \leq .0538$

In addition to being under the influence of drugs or alcohol at the time of the maltreatment incident, URSA also examined the primary role of youth at the time of intake in relation to whether the most recent incident of maltreatment resulted from an argument about the adolescent's perceived or actual drug or alcohol usage (although the youth was not under the influence at the time of maltreatment). There is an indication that placating youth argued less frequently with parents about perceived drug and/or alcohol use than aggressive youth (8% as compared to 15%) (Table 6.11).

Table 6.11
Primary Intake Role and Whether the Most Recent Occurrence of Maltreatment Resulted from an Argument About Alleged Adolescent Drug/Alcohol Usage

	Argument Occurred	
Role Pattern	**Freq.**	**%**
Aggressive (N = 114)	17	15%
Placating (N = 55)	4	8%
Outsider (N = 14)	0	—
Informer (N = 17)	2	17%

RESEARCH ISSUE #7: Reciprocal Violence

In 89% of all cases, projects were able to determine whether or not client youth had physically struck their parent(s) or guardian(s) within the last two years. Of these cases, 19% of the adolescent clients were reported to have struck a parent or guardian within this time period (Table 7.1).

Table 7.1
Adolescent Reported to Have Physically Struck a Parent Within Two Years

	Frequency (N = 201)	%	% Based on Adjusted Freq. (N = 185)
Yes	35	1%	19%
No	150	75%	81%
Unknown	16	8%	—

In cases in which youth was physically violent toward a parental figure, the most common victim was the birth mother (61%) (Table 7.2). Mother figures accounted for 64% of victims and father figures for 36%.

Table 7.2
Parental Figure Reported Involved In Adolescent Violence

	Frequency (N = 35)	%	% Based on Adjusted Freq. (N = 34)
Birth Father	6	17%	18%
Birth Mother	21	60%	61%
Stepfather	4	12%	12%
Other Mother Figure	1	31%	3%
Other Father Figure	2	6%	6%
Unknown	1	3%	—

When the specific familial relationship is compared, it appears that father-surrogates are as likely to be victims as are birth fathers (18% each) while birth mothers are far more likely to be victims than are surrogate mothers (61% and 3% respectively). It appears that birth mothers are more at risk to youth violence than are other parent figures. The second most at-risk relational category is that of surrogate father. Perhaps this can be partially explained by two factors: 1) generally women are more often victims of domestic violence than are men and 2) as the divorce rate and single parent rate continue to rise, there appears to be an increase in violence by father surrogates towards the children of the women with whom these men have relationships.

The projects were also asked to determine what type of force was used by the youth involved in violence against their parental figure(s). In some cases more than one type was used. However, the most common type was pushing or shoving (46% of all cases) followed by punching or kicking (43%), striking with an instrument (11%) and "other" (17%) (Table 7.3). The "other" category included such actions as an attempt by one adolescent girl to electrocute her father in the family swimming pool.

Table 7.3
Nature of Force Used by Youth

	Frequency	%
Strike with Instrument	4	11%
Punching or Kicking	15	43%
Pushing or Shoving	16	46%
Other	6	17%

***Clinicians were instructed to code all appropriate types of force. Because of multiple coding, percentages are based on the sample size (N = 35) and do not sum to 100%.**

Of the cases in which youth was violent towards a parental figure(s), there were eight cases in which the parent figure was reported to have been injured. (Table 7.4) In two of those cases outpatient medical care was needed. In five others, there was an observable injury, i.e., bruises, scratches or cuts (Table 7.5).

Table 7.4
Reports of Parental Injury (N = 35)

	Freq.	%
Injury	8	23%
No Injury	27	77%

Table 7.5
Reports of Severity of Parental Injury

	Frequency (N = 35)	%	% Based on Adjusted Freq. (N = 34)
No Injury	27	77%	79%
Observable Injury (e.g., bruises, cuts, scratches)	5	14%	15%
Outpatient Medical Care Needed	2	6%	6%
Unknown	1	3%	—

Where it could be determined who initiated the violence, the youth was identified as the initiator in somewhat fewer than half (44%) of the instances, and in the remainder of cases (56%), the parent was said to have initiated the violence (Table 7.6). When the youth initiated the violence it appears more likely that the parent would be injured than when the violence was initiated by the parent, although the numbers are too small to generalize (Table 7.7). The parental relationship to the youth (e.g., birth mother, surrogate father, etc.) does not appear to be related to who initiated the violence (Table 7.8).

Table 7.6
Individual Reported to Have Initiated Physical Contact

	Frequency (N = 35)	%	% Based on Adjusted Freq. (N = 25)
Youth	11	31%	44%
Parental Figure	14	40%	56%
Unknown	10	29%	—

Table 7.7
Distribution of Reports of Injury By Who Initiated Physical Contact

	Injury			
Initiated Physical Contact	Yes		No	
Youth (N = 11)	4	36%	7	64%
Parental Figure (N = 14)	2	14%	12	86%
Unknown (N = 10)	2	20%	8	80%

Table 7.8
Distribution of Parental Figure Involved By Who Initiated Physical Contact

	Parental Figure Involved											
Initiated Physical Contact	Birth Father		Birth Mother		Step Father		Other Mother		Other Father		Unknown	
Youth (N = 11)	1	9%	6	55%	2	18%	1	9%	1	9%		
Parent (N = 14)	3	21%	10	71%	1	7%						
Unknown (N = 10)	2	20%	5	50%	1	10%			1	10%	1	10%

Primary Roles

The primary familial roles of youth (e.g., scapegoat, provocateur, etc.) were compared to use of violence by the youth toward the parental figure. The outsider role was more likely to be associated with violence toward parental figures than were other roles, although this difference was not statistically significant (Table 7.9). There was also no statistical difference between the aggressive and placating role patterns in relation to this variable.

Table 7.9
Distribution of Reports of Physical Violence Against Parent by Primary Role at Intake

	Physical Violence Against Parent					
Primary Role	Yes		No		Unknown	
Aggressive Roles (N = 113)	22	19%	85	75%	6	5%
Placating Roles (N = 51)	8	16%	37	73%	6	12%
Outside Roles (N = 15)	4	27%	10	67%	1	7%
Informer Roles (N = 16)	1	6%	12	75%	3	19%

Pattern of Maltreatment

A particularly significant finding was the relationship between the use of violence by the youth toward parental figures and the type of maltreatment experienced by the youth during his or her lifetime. Of the youth in this study, those who had been physically maltreated by parents were far more likely to be physically violent toward parents than were youth who were not physically abused.

Of all the cases of physical violence against parents, 71% of them involved youth who had been physically abused themselves, while only 54% of all adolescent maltreatment cases included physical abuse (Tables 7.10 and 1.2) ($X^2 = 4.66$, $p \leq .03$).

Table 7.10
Distribution of Reports of Physical Violence Against Parent by Type of Maltreatment Experienced

Physical Violence Against Parent	Experienced Physical Abuse			
	Yes		No	
Yes (N = 34)	24	71%	10	29%
No (N = 165)	83	50%	82	50%

This finding lends some support to an important hypothesis in the field of child abuse: that abused children learn to be abusive. It suggests that violence is a learned behavior which is used in situations of familial conflict. It also suggests that abused children learn the perpetrator role as well as the victim role.

However, it should also be noted that the great majority (78%) of physically abused youth were not reported to have been physically violent toward parental figures (Table 7.10). While these youth may be violent toward their parents in the future, or abuse their future children, the percentage of physically abused youth who have not been violent toward their parents suggests that not all physically abused children become abusive.

Parental Abuse

A concern in the fields of family violence and juvenile delinquency is the phenomenon of "parent abusers," i.e., youth who abuse their parents. While URSA did not attempt to define or study this issue directly in this substudy, it may be that these data will be interpreted by some readers as a commentary on this topic. In order to minimize misinterpretation, it is necessary to discuss the relevance of these data with regard to parental abuse.

It is possible to consider a configuration of two variables in this substudy as representing elements of a "parent abuse" situation. These elements would be 1) youth initiated violence toward parent, and 2) parent injured. (Perhaps "parent required outpatient medical attention" would also need to be included).

If only the first two variables (youth initiated; parent injured) are considered, four youth, or two percent of the youth in this study, could be considered "parental abusers." This small percentage indicates that the phenomenon of parent abuse (as defined by these variables) is not a pattern associated with adolescent maltreatment.

The data in this area indicate that maltreated youth generally do not strike back at parents who maltreat them. They rarely initiate violence towards their parents, nor inflict injuries on them. These findings are highly supportive of Lourie's point that adolescents may appear to be physically, cognitively and socially developed and therefore seemingly able to avoid, protect themselves from, and prevent maltreatment but that, in fact, they are quite psychologically vulnerable to maltreatment within the family. Lourie also suggests that the youth do not often initiate violence toward parents or hurt them (Lourie, 1977, 1979). Perhaps other means of avoidance, protection from or prevention of maltreatment may be used by youth. However, in an immediate situation of physical confrontation between parent and youth, one might expect youth to strike out more frequently. That fully four out of five did not, indicates a strong taboo and likely fear about filial violence.

Recommendations For Future Research

This substudy addressed several broad research questions about adolescent maltreatment in the home. Several of the findings lend support to burgeoning hypotheses about such issues as 1) whether adolescent maltreatment is maltreatment which begins in adolescence or is a continuation of child maltreatment; 2) whether there exist identifiable patterns of adolescent maltreatment by type and frequency of maltreatment; and 3) whether physically abused children and adolescents are at high risk themselves for using violence in domestic arguments. These and other issues need further study. Some specific suggestions for future research are presented here below.

Patterns and Age of Onset of Maltreatment

The findings of this substudy suggest that about three-quarters of maltreated youth are maltreated in childhood and in adolescence, and in only one-quarter of the cases does maltreatment begin in adolescence. This distribution is markedly different from that reported in other studies and strongly suggests that findings regarding age-of-onset distribution are highly dependent on the definition of maltreatment and the accuracy of data about childhood maltreatment.

It is possible that the socio-economic status (SES) of the study population also affects the incidence of prior childhood maltreatment among maltreated adolescents. The few empirical studies of adolescent maltreatment suggest the importance of the SES variable. American Humane Association data indicate that lower SES families tend to be reported to CPS more (Garbarino,1980) and in fact the stresses of poverty may contribute to a higher incidence of young children, whereas age-stage conflict accounts for more adolescent maltreatment. Therefore, it may be that affluent maltreated youth experience more adolescent-onset maltreatment and less childhood-onset maltreatment than do poor youth, although this finding may reflect the vulnerability of the poor to reporting more than it reflects actual incidence rates.

Another age of onset issues is that of age-exactness. This substudy did not attempt to determine the exact age of onset because the total number of cases precluded such an analysis. A large sample would enable researchers to determine whether there are significant patterns to specific age of onset. For instance, Mahan's and Lourie's contention that a small group of maltreated youth are maltreated between the age of 18 and 36 months and then not again until adolescence has not been directly addressed in this study.

One finding of this substudy is that types of maltreatment tended to increase over time, that is, that maltreated children have more types of maltreatment by adolescence than do adolescent-onset youth. This suggests that childhood-onset cases are more complicated than adolescent-onset cases. This

in turn suggests support for Lourie's contention that childhood-onset cases present different dynamics and require different intervention than do adolescent-onset cases. It is important to explore this much more fully because age-of-onset may be a powerful predictor of family and individual dynamics and may greatly aid in treatment planning. Future research should explore the relationship of age of onset to indices of dynamics and treatment success. Multi-method and longitudinal studies would contribute to the validity of findings about this important area. For instance, determining dynamics by clinical impressions, structured interviews, and standardized testing is more valid than determination by one method alone. Independent ratings by two researchers are more valid than ratings by one. Longitudinal studies of outcome measures are helpful in determining the relative success of various interventions.

One is always tempted to reiterate the fundamental need for clear definitions of types of maltreatment and it will be done again here. This issue has plagued the field of abuse/neglect research and practice for years and is cited as a reliability/validity issue in almost every research study. In this substudy, the project staff which gathered data for URSA appeared to be most confused about differentiating "neglect" and "emotional neglect," in part because physical and educational neglect are usually thought to lead to, or to include, emotional neglect. Another point of definitional confusion in this study was between "emotional abuse" and "emotional neglect" and the common differentiator of "omission and commission" did not appear to be as useful as it is with physical abuse and neglect. In this substudy, emotional neglect and abuse were collapsed to emotional maltreatment for the purpose of data analysis. However, it may be useful to study these independently in future research because these two types of maltreatment may be associated with somewhat different dynamics and outcomes. Perhaps the emotionally neglected youth is more commonly an "outsider" and his family is characterized by disengagement, while the emotionally abused youth is more commonly an "aggressive" or "placating" youth and his family is characterized by enmeshment. In terms of intervention, this would be an important distinction.

Identification and Reporting of Childhood Maltreatment

An important finding of this substudy was the distribution of type of maltreatment by CPS reporting. The existence of "neglect" helped a case be reported, while "emotional maltreatment" and "sexual abuse" seemed to function in such a way as to keep a case from being reported. While this is to be expected, it was surprising that neglect was more highly reported than "physical abuse." This suggests several future research issues. For instance, AHA national statistics indicate a preponderance of neglect cases in childhood. This substudy finding suggests that the true distribution of maltreatment type is different, i.e., that neglect accounts for fewer than half of all cases.

If this finding were corroborated elsewhere, it might suggest that "gate-keepers," i.e., potential CPS reporters, need sensitization and training in recognizing other types of maltreatment. It might also suggest that CPS agencies are doing better in confirming or "finding" cases of neglect than other types of cases. It is first important to determine whether neglect really is more likely to be reported than any other type of maltreatment, including physical abuse.

Another finding of this substudy is that 30% of the cases were not reported to CPS by the adolescent maltreatment projects. Many speculations have been made with regard to why a case is or is not reported (URSA, 1979), but it would be interesting to know the frequency distribution of reasons. If, in fact, CPS agencies still respond only to the most serious cases of adolescent maltreatment, this would suggest the need for capacity building and policy changes in CPS agencies. If the reasons tended to involve misperceptions by reporters about CPS or about whether adolescents are covered under the child abuse and neglect reporting laws, then sensitization and training of reporters should receive more attention.

Ongoing Problems, Agency Contacts and Labeling

A contention of many youth workers interviewed in a prior URSA study (1979) was that maltreated youth often enter the service system vis-a-vis their own acting-out behavior rather than as victims of maltreatment. That study also suggested that such behavior and the ensuing labeling by the service response system in fact masks their maltreatment. A related hypothesis is that maltreatment leads to acting-out problems which are serious enough to warrant intervention. The findings of this substudy lend support to both hypotneses.

A further question is the extent to which various factors of maltreatment (particularly type, severity, and age of onset) are associated with penetration into the system. For instance, do children who are severely neglected tend to penetrate the system (as measured by type and number of agency contacts) more deeply than do severely physically abused children? Do emotionally maltreated adolescents tend to penetrate more than do physically abused youth? Do youth whose maltreatment is not reported to CPS tend to come into contact more often with delinquency/status offense (corrections) programs than do those who are reported? In terms of labeling effects, it might be interesting to compare the behavior outcomes of youth similarly maltreated but who came through the system as either CPS cases or delinquency cases.

The finds of this study on family role and agency contact appear to indicate that aggressive youth come through the system in ways which label their aggressiveness. It would be further interesting to examine this relationship further.

Residential Mobility

The apparent high mobility of maltreated adolescents is a concern because of the difficulties of providing family treatment and because of the effects of moving on the youth in terms of areas such as self-esteem, relationships and education.

Residential care and treatment programs for abused and neglected adolescents have become the focus of some attention in recent years. One specific area of interest is the development of placement criteria for such youth which would assist the decision-maker in determining the most appropriate placement setting as well as a preferred approach to treatment. At present, very little data exist in this area.

Based on this preliminary study, it appears that some significant benefits might accrue from future research on the relationships between certain characteristics of adolescent maltreatment, such as type, age of onset and severity, to such other variables as family and individual dynamics, placement and treatment options and client outcome. For example, were researchers to monitor the outcomes of placement and treatment decisions for abused adolescents and analyze these outcomes by age-of-onset and severity patterns of the maltreatment itself, the results may be useful for the development of placement and treatment guidelines.

Family Roles

The identification of specific family roles assumed by maltreated adolescents appears to be a promising area for further research. The primary role of the youth in the family may help to explain the dynamics of maltreatment situations. For instance, this substudy found that "aggressive"-role youth used alcohol or drugs during the time in which a maltreatment incident occurred more than did "placating"-role youth. "Target"-role youth were the most likely to be maltreated when a parent was under the influence of alcohol or other drugs.

In order to further study family roles, including their function in family conflict and their relation to extra-family behavior, it would be important to review the list of roles and their definitions, possibly collapsing several and adding a few more. It would also be useful to determine roles by a clear set of behavior criteria during a structured observation of youth in their families. It would also be important to observe roles in a control group and in other family members.

Role change over time, particularly after intervention, seems to be another interesting dimension worth further examination. Role change might be an indicator of the success of intervention and the prognosis with regard to future maltreatment as well as future behavior of the youth.

Drugs and Alcohol

One major finding of this substudy was that alcohol and drug use are associated with a significant number of adolescent maltreatment incidents. It is important to understand the nature of maltreatment incidents in order to help families foresee and avoid them. Since substances clearly play a part in many maltreatment situations, it would be useful to explore issues such as the immediate antecedents of substance use, patterns of substance use, and the relationship of these two types and age of onset of maltreatment.

A contention of many alcohol and drug abuse experts is that substance abuse becomes a primary problem even if it was not in the first place and that treatment must focus on it. It would therefore be important to know whether families whose maltreatment involves substance abuse respond better to treatment when the focus is the substance abuse than when the maltreatment itself is the focus of the intervention.

Reciprocal Violence

Since a small portion of youth are reciprocally violent in situations of maltreatment, it would be interesting to know what factors account for this and whether this violence characterizes other aspects of their lives. This substudy indicates that youth who do physically act out against parent figures were most likely to strike their mothers. The substudy also suggests that youth who had been physically abused at some point in their lives were more likely to be violent than others.

It would be intersting to explore the role and function of violence by youth more fully. Do youth tend to become violent with predictable provocations? Does their violence appear in other contexts? Is their violence a healthy response to maltreatment?

Since the great majority of maltreated youth do not strike their parents, it would be interesting to understand why they do not. Lourie's notion of psychological vulnerability is likely a key dynamic of adolescent maltreatment. Learning more about why some youth do not act out their anger against their parents may amplify our understanding of psychological vulnerability in these situations.

Conclusion

Since this study group was composed of youth referred to special adolescent maltreatment projects, it would be important to compare these youth to other maltreatment populations. Perhaps these cases are more "severe" in some sense than other identified maltreatment populations.

Another potential area of study may be the comparison of data on the role factors and context of adolescent maltreatment to data on spousal maltreatment. Perhaps the situational issues and role relationships of the perpetrator and victim are comparable in some ways.

In conclusion, it appears that the data collection and analysis activities of this substudy have identified a number of phenomena about adolescent maltreatment which have

significant potential for further research. To our knowledge, many of the areas reported in this substudy are matters of first impression in the field. Hopefully, this substudy will be the beginning of a great deal more research in the area of adolescent maltreatment, so that we might better understand the problem and more successfully intervene.

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APPENDICES

Appendix A
Adolescent Maltreatment Projects

Funded By The National Center On Child Abuse And Neglect, 1978-1982

1. PROJECT RESPONSE
   232 Main Street
   Waterville, Maine 04901
   Project Director: Patricia Anderson

2. NATIONAL NETWORK OF RUNAWAY AND YOUTH SERVICES, INC., ADOLESCENT MALTREATMENT PROJECT

   a. YOUTH IN NEED, INC.
      529 Jefferson
      St. Charles, Missouri 63301
      Project Director: Sue Schneider

   b. DIOGENES YOUTH SERVICES/YOUTH ADVOCACY
      9097 Tuolumne Drive
      Sacramento, California 95826
      Project Director: Marie Marsh

3. ADOLESCENT MALTREATMENT PROJECT
   Atlantic County District Office
   New Jersey Division of Youth and Family Services
   26 South Pennsylvania Avenue
   Atlantic City, New Jersey 08401
   Project Director: Sharyl Byank

Appendix B
Contributing Authors

PATRICIA K. ANDERSON, M.A., is Director of Project Response, a private youth-serving agency in Waterville, Maine. Her approach to youth problems is based on the Effectance Model, developed from her experience with acting out adolescents and their families. She is a member of Maine's Juvenile Justice Advisory Group, sponsors the Waterville Chapter of Parents Anonymous and is coordinator of the Waterville Child Abuse Multidisciplinary Team. Her community experience also includes work with a council on adolescent health issues.

JANE BERDIE, M.S.W., currently is co-principal investigator for URSA Institute on adolescent maltreatment research project funded by NCCAN. She is an adolescent and child abuse program specialist for the Colorado State Department of Social Services and is a consultant and family therapist for CHINS, an adolescent residential treatment center in Denver, Colorado.

SHARYL A. BYANK, M.S.W., is Project Director of the Adolescent Maltreatment Project housed in the Atlantic County District Office of the New Jersey Division of Youth and Family Services. She served in the capacity of Project Evaluator prior to assuming the directorship, and has eight years child protective service experience as a social worker and supervisor. Prior to coming to the project, she was coordinator of a county-wide coordinated emergency service task force. Other experience has included that of work supervisor in a mental health center vocational rehabilitation program.

PENNY S. CUMMING, B.A. Psychology, M.S. Counseling, LMFCC, is currently the Supervisor of Counseling Services at Diogenes Youth Services (DYS) in Sacramento, California. Previously, she was the Caseworker for the Adolescent Maltreatment Project at DYS. In addition to providing a full range of clinical services to maltreated youth, she worked with the Sacramento County Child Abuse Services Council (CASC) on the child abuse multidisciplinary team and educated the community on the needs of maltreated youth. Currently she is on the Services Coordination Task Force and the Dependency Process-Entry System Review Group of the CASC. She is also a therapist with the Sacramento Child Sexual Abuse Treatment Program, working with mothers of molest victims. She has had extensive experience in the provision of emergency shelter care to maltreated adolescents, both as a direct service worker and trainer.

LINDA RICH JAMES, M.S.W., is currently the Assistant Director of Youth In Need, St. Charles, Missouri. Since October 1978, Linda has served as the Project Director of the YIN Adolescent Maltreatment Program. Her involvement with the program includes treatment of abused/neglected adolescents and their families as well as overseeing the administrative aspects of the project.

ALICE M. LOW, M.S.W., is a former NCCAN Project officer, who carried major reponsibility for monitoring the adolescent maltreatment projects. Her previous experience includes work in a child protective services agency, juvenile and family courts, and social work teaching in Canada and the United States.

MARIE E. MARSH is the Associate Director of Diogenes Youth Services, in Sacramento, California. She has over ten years of experience in working with troubled teens and their families, residential programs, and child abuse advocacy. She serves on the Sacramento Child Abuse Council and has served on many other boards and advisory bodies including the Sacramento Child Sexual Abuse Treatment Program, the Sacramento County Childrens Commission-Placement Committee, the Community Services Planning Council, the Sacramento County Justice System Advisory Group, the Western States Youth Services Network, and others. Diogenes Youth Services, founded in 1969, operates 24-hour youth and family crisis centers for maltreated, runaway, homeless, and other youth in crisis. Services include assessment, temporary shelter for adolescents, individual and family counseling, and specialized crisis intervention and long-term services for maltreating families on a voluntary and court-ordered basis.

LESLIE MEDINA, M.P.A., has over nine years of professional experience both managing numerous evaluation studies and providing training and technical assistance to a variety of federal, state and local agencies. Ms. Medina specializes in policy analysis and program planning and evaluation, primarily in the areas of youth services, community-based services, child abuse and neglect, and juvenile justice.

EDWARD M. REINSTETTER, M.S.W., is District Manager of the Atlantic County District Office of the New Jersey Division of Youth and Family Services. He has extensive child protective services experience as a social worker, social work supervisor, administrator, and consultant. Over

the years he has presented a number of workshops and training sessions on the various aspects of child abuse and neglect. He has supervised the Project Director of the NCCAN funded Adolescent Maltreatment Project.

LYNETTE TOWERS, M.A., (Psychology), is currently the Program Director of the Sacramento Youth and Family Services Center (SYFSC). She assumed this position on October 1, 1981, after over five years of diverse and extensive clinical, program development and management experience. As coordinator of the Crisis Resolution Program (CRP) for a two year period prior to becoming Director, she worked with the staff of the Adolescent Maltreatment Project (AMP) to successfully interface the two programs inasmuch as the client services delivery system overlapped and complimented one another. As Chair of Sacramento's Community Services Planning Council's (CSPC) Youth Division, she was instrumental in developing, coordinating and implementing a Youth Services Awareness Project, now in its third successful year. In addition, she has been a therapist for the Sacramento Child Sexual Abuse Treatment Program for the past three years, working primarily with mother's of victims of incest. As a result of her experience in this field, she has been able to act as a resource to the AMP staff and has provided both inservice training as well as counsultation services.

JOHANNES TROOST, M. Ed., is a specialist in community and organizational development with vast experience in the fields of human resource development, juvenile justice and delinquency prevention, and child abuse and neglect. His particular area of interest involves community systems and how they operate to enhance or impede the delivery of youth services.

SANDRA WEXLER, M.A., has participated in numerous technical assistance and evaluation studies, including the current NCCAN funded adolescent maltreatment research project being conducted by URSA Institute. She specializes in social policy planning and analysis, primarily in such areas as domestic violence, child abuse and neglect, and child sexual abuse.

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